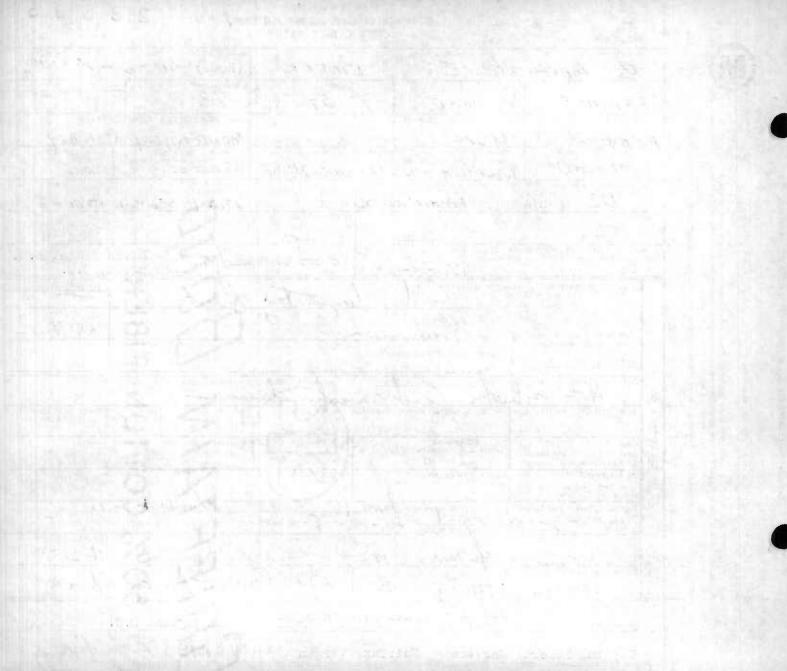


1				ron		STATE OF MARYLAND	7 9 2	8 3 0 5
7			1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		
1	-		I. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	(BE)			CALCIE.	Tonke	Austorman	11 -	8-70 115
	FIME	91	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	1 000			Female.	Caucasia	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
	Pour Pour	0.00		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	TY OF DEATH
	death uners	0)6		Disconsin	USA	WIDOWED DIVORCED	O Montgome	
-	rs after by the f filed wit	190	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	ursing home or other institution street address!	17a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
2120	e = .	pe -	USU	AL RESIDENCE (IF NURSING HOMEOTATE 136, COL	OF OTHER INSTITUTION CINE RESIDENCE	DEECORE ADMISSIONS		
ND	filled ould b	35	1)	1 1 1 1 1	TOWNER GAIL	TOWN 138 INSIDE CITY LIMITS	5? 130 STREET ADDRESS	ue
YLA	otely 2.sh	nine	14. F	ATHER'S NAME	MIDDLE LAS	15. MOTHER'S MAIDEN	NAME	1467
MAR	w bed w	3.50		George	Je	nks Mari		millard
ORE,	execut	medical	160.	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL VE WAR OR DATES)	SECURITY NO. 17. INFORMANT	COY OLS ADDRESS G	soithers burg, M
TIMO	be ex	0	<u>_</u>	No -	- 1214-2	2110 1111	teath fare 201 K	ussell Ave. o
., BAL	g physica onpoper	event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one couse per line for (a), (ED BY:	b), and (c).)	Jasuthann	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TS N	2 56	tic e		IMMEDIA	ATE CAUSE (o)	TOWERS OF T.	11111	/
PRESTON	deoth attend ove co tian, o	omno		Conditions, if ony, which	DUE TO, OR AS A CONS	ioschero de s	lear Melase	10 kRs.
9.	y the atter	or ather tra		gave rise to immediate cause (a), stating the	DUE TO OR S A CON	SEQUENCE OF	in An Dia	20110
2	the d b	or at		underlying couse lost.	Steller	atizen arun	10 DELECTO YOU	NO YES.
DS, 3	signe signe hen p	injury,	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE OR CONDITION G	PEN IN PART 1(0)
RECORDS	w re Deen nit. T	any ir	CERTIFICATION	194. DATE OF OPERATION	1th CONDITION FOR W	HICH OPERATION WAS PERFORMED	The AUTOPSY? 10b IF Y	ES, WERE FINDINGS USED
	HYSICIAN: The law randing physician bis certificate has been burial-transit permit.		TIFIC					IFYING CAUSES OF DEATH?
DIVISION OF VITAL	IAN: The physicia rificate P I-transit of Hygie	Hem 18 shows	CER	21s. ACCIDENT WAS UNDERLYING		DAY YEAR 216 HOW INJURY OC	CURRED (ENTER MATURE OF INJURY IN ITEM IS	FART I OR FART 2)
9	PHYSICIAN: T ending physici this certificate te burial-transisi	E .	CAL	OR CONTRIBUTING CAUSE OF DE THETHER, NOTIFY MEDICAL EXAMINES	DATE:	19		
Sio	IG PHYSIC ottending ter this cer s the burio	ō	MEDICAL	214 INJURY OCCURRED	21st PLACE OF INJURY (A) HOME STREET, FACTORY, O	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
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	OR he	# He		hally C	1 Mains	DEGREE ATTENDIN	G MEDICAL STAFF	11/0/HO
	by 1 ERAI	Ž		274 PHYSICIAN'S RAME UNE	of course	PHYSICIAL PHYSICIAL	N DIRECTOR PHYSICIAN	1/1///
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07	5 5 4 ¥	<u> </u>	23a.	BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREMATO	DRY 23d. LOCATION	
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	DHMH - 16 25M		24. F	IMERAL DIRECTOR Sa	udiion 376	ss E. Diamond Ave. 25a.	DANE REC'D. BY REC'S RAC 256. REG	TRAPESIGNATURE LANGE
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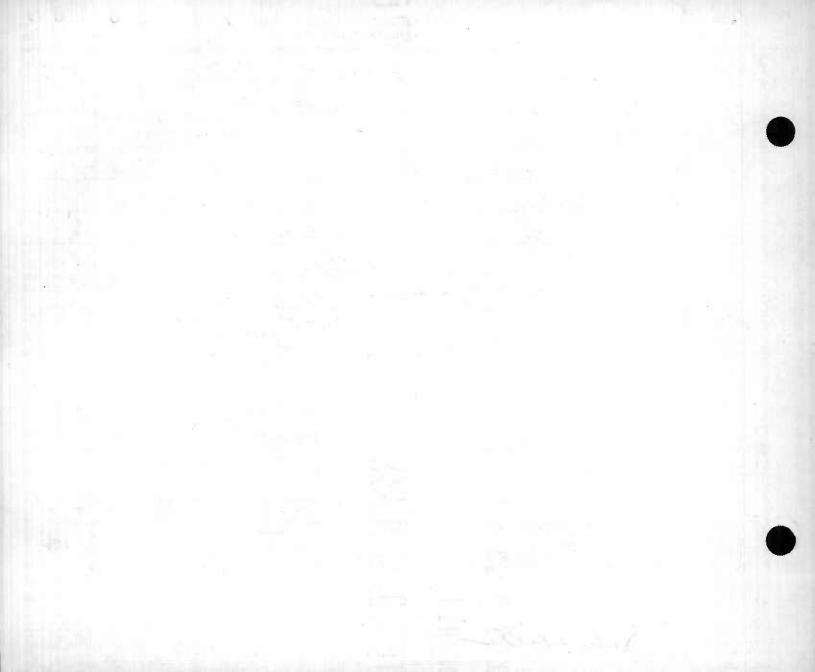
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5	2	플로 바 연 보유	SECATION	190. DATE OF C	PERATION	19b. CONDI	TION FOR WHICH OP	ERATION WA	S PERFORMED?				2D. AUTOP	SY?
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1	z	公里の芸芸を2	10000	UNDERLYING	☐ OR G☐ CAUSE OF		. MONTH DAY YE	AK						
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	2	DEB008	뿧	WHILE AT WORK		STREET, FAC	TORY, FARM, ETC.)	STR	EET	CITY	OR TOWN	C	OUNTY	STATE
		WAN	1	AT WORK	AT WORK									
		25 CH		22a. I certify	that I took char	ge of the remoins des	cribed obove, held or	Autopsy	, Inspectio	on lnc	uiry .	ond in my o	pinion	
		NO TO ES	133	death resulted	from: Note	urol couses.	Accident	Suicide	Homicide .	Undetermin	ed monner			
4		RTIE D B IREC VITH		/	7				TITLE (SPECIFY)					
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		TO MEDICAL EXECUTE THE PAGE 4 SHG TO FUNERAL AFTER DEATH		TYPE OF PRINT					DDRESS					
,	,	TO TO AFT BALL	23e.B	URIAL, CREMATION		23b. DATE	23c. NAME OF			23d. LOCATI-	/N		YTAU	STATE
/	00	O _{BP}		Buri		11/30/79	Fort 1	incol	n cemete	- Marian	laden	sburg	Md.	
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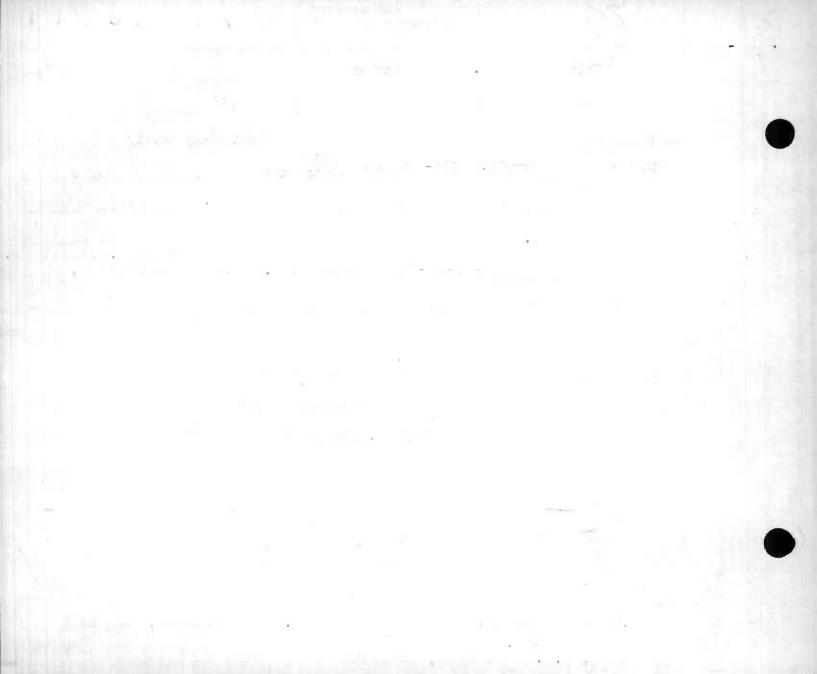
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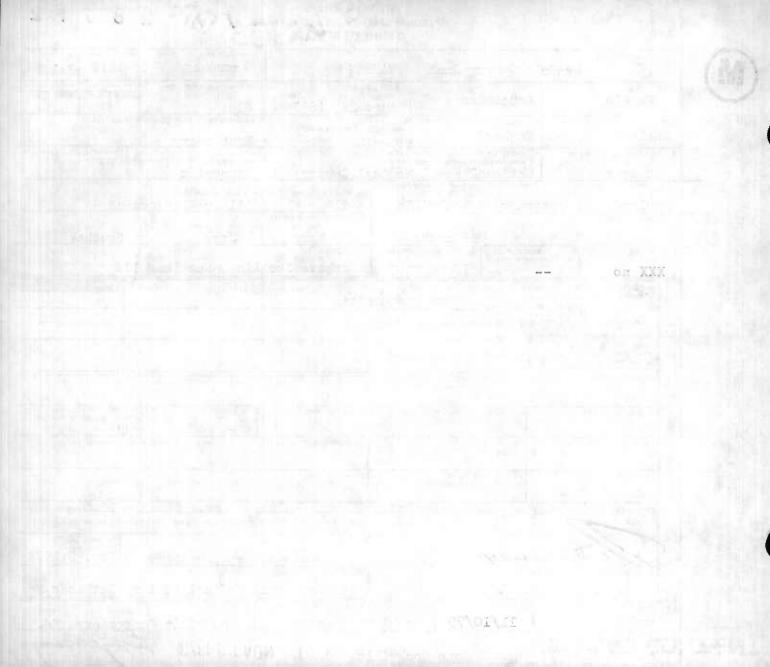
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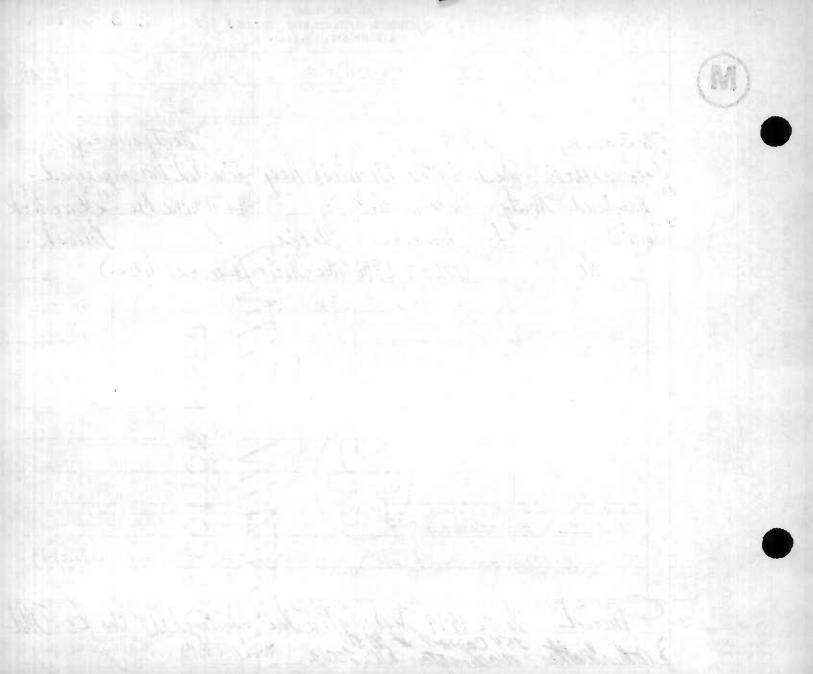
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4	A	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		2	8 3	1	3
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offer dec	ed	10 CIT	Y OR TOWN OF DEA	тн 1	1. NAME OF	HOSPITAL, NUR	RSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCU	PATION	12b KIN		SINESS OR
- + + P	29		Olney					Mospital	B&O Ra1		IFE) INDUST	RY	
"LAND 212 hin 24 hau ily filled in should be is	must be		RESIDENCE (IF NURSI ATE Maryland	NG HOME OR O 136 COUNT Mont	other institution	GIVE RESIDENCE BE	efore admission) OWN hersbur	BYES NOX	13e. STREET ADDRE		e.		
MARYLA red within ompletely and 2 sh	Skomine 50	14 FAT	HER'S NAME FIRST Willian	n T	IDDLE	Barmes		15 MOTHER'S MAIDEN NA FIRST Ida	AME MIDDI		tters	LAST	
MORE,	medico	(YE		N U.S. ARM	NED FORCES?	166 SOCIAL SI		17 INFORMANT		DRESS	1000		
be e	event, the me		No				3-4164	W. Thomas B		04 Cran			INTERVAL AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours of a certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be file the and Mental Hygiene prior to burial, cremation, or removal.	shows any injury, ar ather traume	NO.	Conditions, if ony, gove rise to imm couse 10, stoffing underlying couse PART 2 OTHER SIGN DATE OF OPERAT	ediote 3 the last.	DUE TO DE COMMENTE CO	1000	UENCEOF DEATH	related to the term		20b. IF YE	S, WERE FIN	NDINGS U SES OF D	JSED EATH?
VITAL NN: The hysicion corte h ronsit g Hygier		CER	10. ACCIDENT WAS UND		21b. TIME O	FINJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR			bapad		
PHYSICIAN: ending physiths certificate burial-tron	#e#	CAL	OR CONTRIBUTING C		P./		19					1 - 4	
MVISION C VG PHYSIC offer this cer ther this cer as the buria h and Ment	morked or Item 18	ME	WHILE OCCURR	ILE 🗀	21e PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFI	ICE, FARM, ETC.)	211. LOCATION STREET	CITY OF	NOT	COUNTY		STATE
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PITAL by t ERAL	ANT: # Ife		2d. Physician's NA	MÉ ITHE CHI	Dan De	200	M	ATTENDING	MEDICAL DIRECTOR PH	STAFF YSICIAN 1	lip	170	
TO HOSPIT retained by TO FUNER should be o	MPORTANT:												
0701	_	(SP	rial, cremation, f ecry) Entombment		Nov. 1	0,1979	Dylane	emetery or crematory y Valley Maus	23d LOCATION CITY OR TOWN	vsville	county Balt	N	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	5		veral director	Funer		ADDRESS	1050 Yo	ork Road 250 DA	V 9 1979	RAR 256. DEGIS	PAR'S SAN	LATERE	7

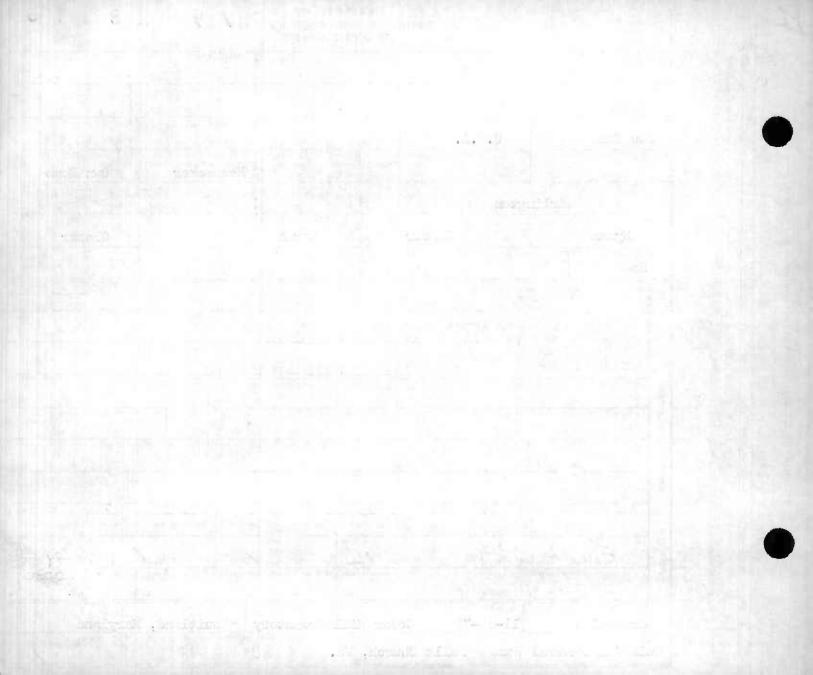
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3	1.	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	L HYGIENE 7 9	28314
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MARYLAND 2. ed = (thin 24 ha implemely filled is oned 2 should be suggined (that)	1192	Hargland More	tg. Deken	YES NO LIST MAIDE CITY LIM	S? HE-PHILL	Are Tekmolerk
	1	AS DECEASED EVER IN U.S. ARMEI	LAST PLACE 166 SOCIAL	SECURITY NO. 17 INFORMANT.	ADDR	Black,
BALTIMORE.		VES. NO OR LINKINGWY	220-	70-6800 Mar. Eller	ria Deacers	1 (13R)
ON ST., h certific ding ph arbonp or remo		18 CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B	AUSE (0) BAC DUE TO, OR AS A CONSI	tered Rado	conditis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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RDS, 20 equires a signed Then pl to burn	NOI	PART 2. OTHER SIGNIFICANT CON		TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	ADITION GIVEN IN PART 1(0)
TAL RECOI	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ON OF VITA HYSICIAN. The rding physicio is centificate buriol-tronsit i Mentol Hygie	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	CCURRED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OR PART 2)
DIVISION DING PHY or attendia After this e os the bu althound M morked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		CITY OR TO	WN COUNTY STATE
TTEN pertal TTOR: for us of He 21 is		220.1 certify that (i) (this hospital) saw the deceased alive on above, (i) (we) (did) (did not) vi	11/21	9 77, and that in (my) (our) of	pinion death occurred on the d	, 19 77, that (I) (we) lost date and hour and from the causes stated
ITAL OR A by the hos SRAL DIREC e deforched stote Dept.		226. SIGNATURE JS. W. W. C.	Cudge		ING MEDICAL STA	VFF CIAN [11/23/79
TO HOSPITAL of retoined by the TO FUNERAL Should be detail with the Store EMPORTANT: If				22e ADDRESS	1	
170 BP	2	BURIAL PRECION SEMOVAL	16726-1919	23 NAME OF CEMPTERY OF CREATE	ORY 23d LOCATION CHINGE OWN	P. F. Seo. Bo . STANKS.
DHMH - 16 50M 1/76 (VR A 15 (4))	2	UNERAL DIRECTOR	54 Calchardes	SC 20012	NOV 2 7 1979	236. REGISTRAR'S SIC NATURE



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FEAN IS TO THE PAGE STATE PAGE ST	Silver S	pring	Holy Cro	ss Hospita	2	K II43111011014	Judg	DST OF WORKING LIFE)	TYPE OF WOR	OR INDUST Estate	TRY
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AATIMON S AFTER GIVE PAC ITH FOR TH FOR VISION C	Yes, NO, OR UNKN	WWII	AR OR DATES)	577-42-23		17. INFORMANT Etta Be		ADDRE 511 Bruce	526	ver Spr Marylan	ing,
N ST., B M HOUR ERMIT, P ENE, DI	18 CAUSE O PART I D	DF DEATH (Enter only EATH WAS CAUSED IMMEDIATE	BY:	ar (a), (b), and (c),	1261-	ation	- Acui	te myocaı	rdial	APPROXIMAT BETWEEN ONSE 150356	ET AND DEATH
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TO MEDICAL EXAMINER: 1 TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORY TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SIS BALTIMORE, MARYLAND, 21;	ACTUAL SIGNATU		ol couses XX	To.	vicide ,	Homicide TITLE (SPECIF	Y) MEDIC	Inquiry , mined manner CALEXAMINER CATY Rd. S	ond in my opi], DATE SIGNES	at ?	1779 Ma
TO PAGE	23a. BURIAL, CREMA	TION, REMOVAL 23	b. DATE	23c. NAME OF CE	METERY OR		23d, LOC	ATION	COUN	Y 51	TATE
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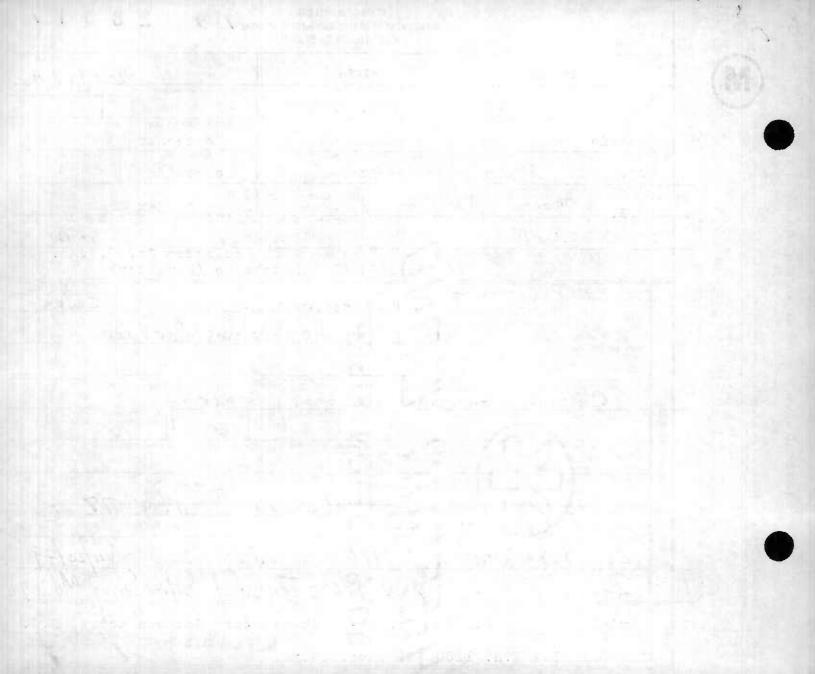
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page- retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove corbangopers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be factified on three
	0	F 48 3	37

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	7	9	2	8	3	1	
CERTIFICATE OF DEATH		REG. NO.					

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYC ICATE OF DEATH		G. NO.	0 0	
		CEASED NAME FIRST	MIDD	LE	L	AST	20 DATE OF DEA		DAY YEAR	2b HOUR
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	3. SEX	X	4 RACE	HI ON	5 DATE O		6 AGE (IN YEARS LA	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
		Female	White		Jan.	31,1894 ^R	85	YRS.	MONTHS DATS	MIN.
1	7a. BII	RTHPLACE (STATE OR FOREIGN DUNTRY) Russia	76 CITIZEN OF WH	AT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE C	ty <u>or</u> county gomery		MD.
8	1	TY OR TOWN OF DEATH	11. NAME OF HOS HOLY C1		G HOME O	R OTHER INSTITUTION	120 USUAL OCCU	PATION NOST OF WORKING LIF	12b. KIND OF INDUSTRY	BUSINESSOR
1	130 S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	other institution, givi ity 130 an	E RESIDENCE BEFORE CITY OR TOWN Jackson	ADMISSION)	13d. INSIDE CITY LIMITS? YES 🏝 NO 🗌	I R II	Box	15	
3		THER'S NAME Vikita Bibiko	nidole f f	LAST		15. MOTHER'S MAIDEN NA Luba Taub	er	DLE	LAST	
2		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECUI		17. INFORMANT 2313			S.S.M	d.
5	(,	None	I I	L46 58	9644	Olga Lutc	henko (1	Daughte	r)	
		Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS	ACONSEQUE S A CONSEQUE	NCE OF		diovasco		2 w	
/	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF Chrome 190. DATE OF OPERATION	inter	stitia	Pu	MONARY WAS PERFORMED	SCAPPI 200 AUTOPSYS	20b. IF YES	S, WERE FINDING	GS USED
/	AL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF IN HOUR A.M.		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	F INJURY IN ITEM 18, P	ART 1 OR PART 2)	November 1
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION	CITY	ORTOWN	COUNTY	STATE
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	(22h SIGHLATGRE S	Junear	M	11	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [11/20	779
		KALPIT E	7/1(. (GMAN		8630 Fent	6nSt.	SilverS	ring, A	1/20910
	(5	Burial, Cremation, Removal SPECIFY) Burial	23b. DATE 11/23/			EMETERY OR CREMATORY Ladimir Cem		ckson	Ocean	N.J.
		UNERAL DIRECTOR Lines/Rinaldi	F.H. 11	L800 N	. Н . Аз	7e.S.S.Md.	FAE SD BY 1908	AR 25b. AEE S	RARSSIGNATION	JRE .

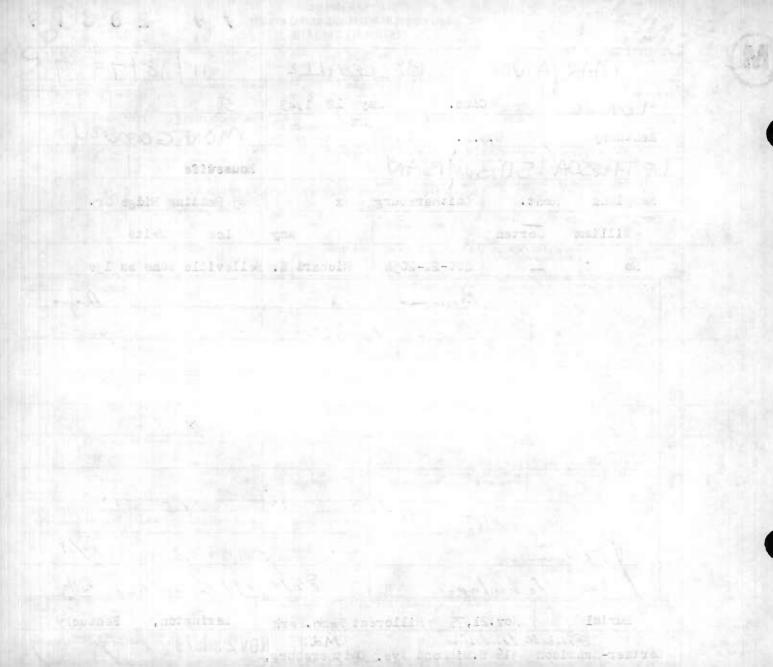
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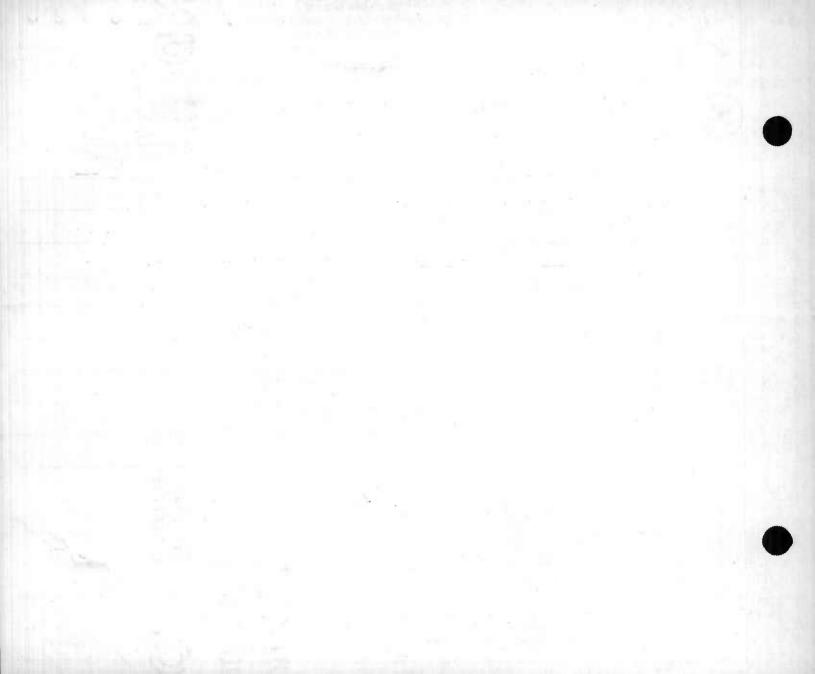
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-			3 SE	(4 RACE		S. DATE O		VEAR	6. AGE (IN YEARS LAST BIRTH		ONTHS DAYS	IF UNDER 24 HRS
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4	tely 2 sh	aue	14. FA	THER'S NAME	water			15 MOTHER'S					
1 6	comple	150		HARRY	E.	BELL		FI	JENNIE			HÔ	LAES
3	n and co	9	16a V	VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	IT	ADDRE			
1 /2	S. Pa	e medi		no		578-05	-9891	ELSTE	G. BE	ELL SAME	AS 13		FE.
3	ittending physicial	fraumatic event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	SED BY: ATE CAUSE (0)	Ma	mo Co	occal	Men	ningitis		BETWEEN O	Lag
3	by the case remo	or other tro		gave rise to immediate cause 101, stating the underlying cause last.	DUE TO, C	DR AS A CONSEOU	ENCE OF						12 4
1	en ple	nlury, a	z	PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO	DEATH BUT I	NOT RELATED	O THE TERM	INAL DISEASE OR CONE	ITION GIVE	N IN PART 110	
1	been s mit Th prior to	-	TIO	HE DATE OF OPERATION	- Cen	DITION FOR WHICH	OPERATION	LWAS DEDECT	MED	70a AUTOPSY?	70h IF VES	WERE FINDIN	ICS LISED
The state of the s	n. has b perm	Shows ony	CERTIFICATION	THE DATE OF GREATON	176 COND	III OI TOR WHICH	OFERATION	WAS FERFOR	MED	YES IN NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ol-	8 2		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A	OF INJURY M. MONTH D.	AY YEAR	ZIE HOW INJ	URY OCCURR	RED (ENTER NATURE OF INJUR			
September 2	the b	morked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE, F		211 LOCATIO	7	CITY OR TOW	И	COUNTY	STATE
TENDER	DIRECTOR: Af	21 is		27a certify that (I) (this had sow the deceased alive above, HT(ve) (did)	-1/11		1/1	d that in (my) (. 19 7 9	, to death occurred on the do	te and hour		that (I) (we)-last causes stated
	0	NT: If Bem		276. SIGNATURE	à Gal	in	7	16) P	TENDING HYSICIAN	MEDICAL STAF		22c. DATE :	SIGNED 175
O HO	retained by the TO FUNERAL should be detributed to the State	MPORTANT		ANTON (O	G. L) \$		22e ADDRESS	Sin	12 8h	nd	Enri	d
40	BP	_	- 6	surial, cremation, remov CREMATION	11/13	/79 ME		METERY OR C	REMATO!			OUNTY	(IRGTNIA
	DHMH-16 2	NOS	24. FI	INERAL DIRECTOR FRANC	IS J. CO	LLINSORESS				REC'D. BY REGISTRAR	156 REGISTA	ASS STREET	are 7
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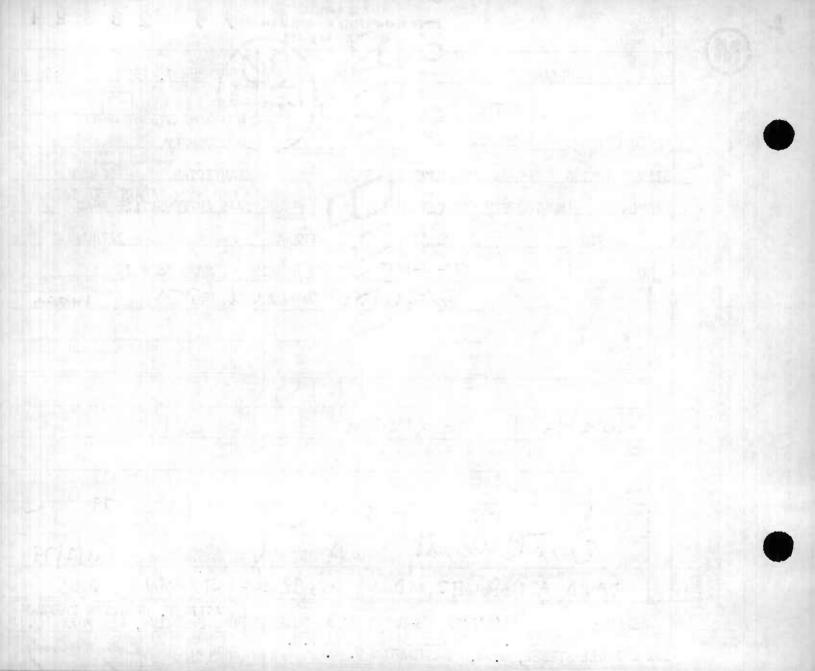


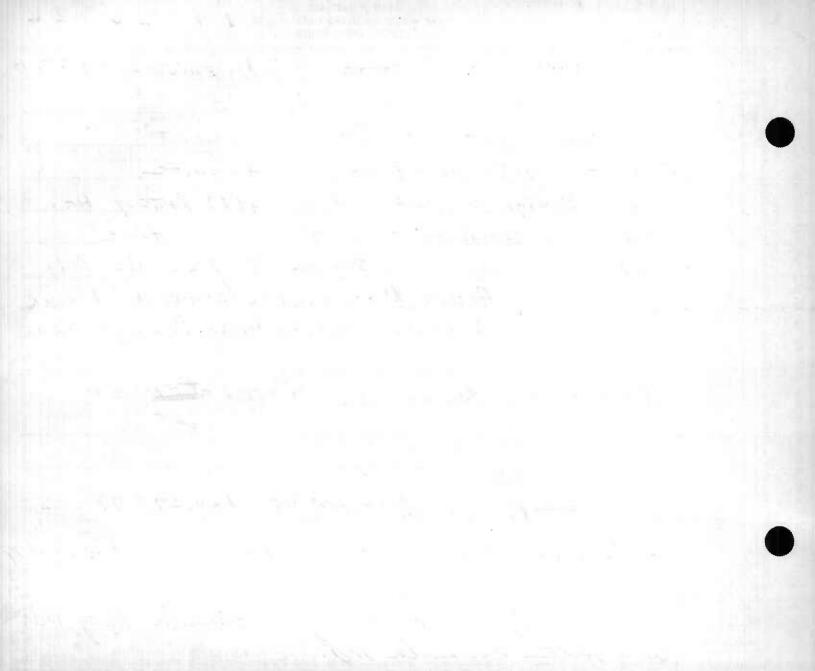
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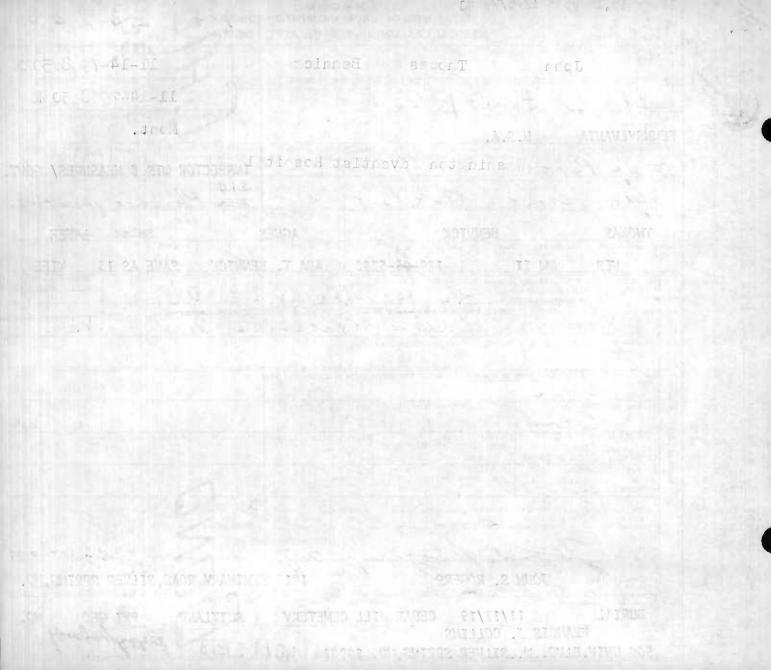
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STATE OF MARYLAND

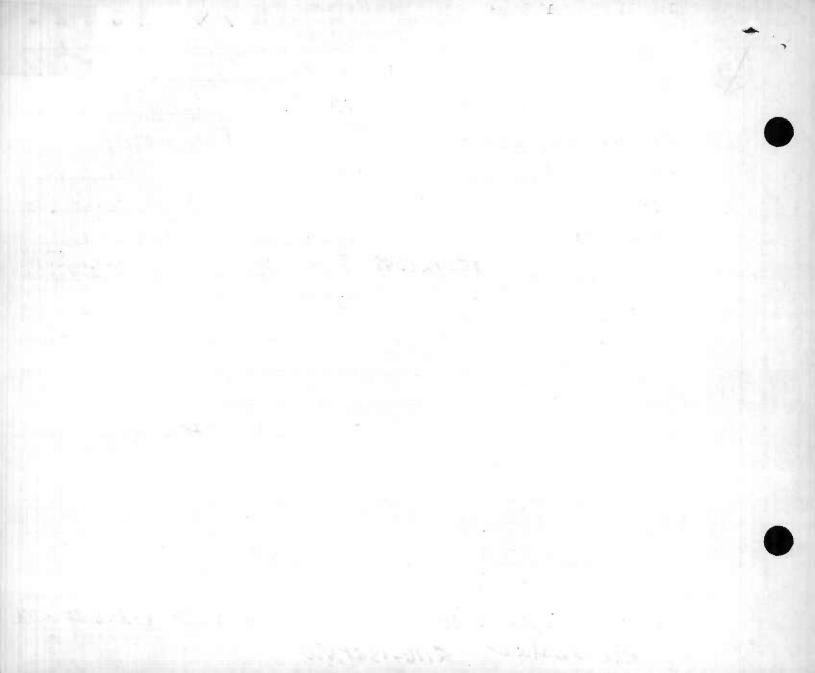




15 5 1	Items 15	,16 g538 12/		ATE OF MARYLAND FHEALTH AND MENTAI	HYGIENE CI	2832	3		
70.20	- STATE REGISTRAR			NER'S CERTIFICATE	DEDEATH	EG. NO.			
1 3000	1. DECEASED NAA (TYPE OR PRINT)	John	Thomas	Bennick	20. DATE KNOW OF EST DEATH MAT	1 6 1	1.0		
6	3. SEX	4 RACE 5. DA'	2 10 11	MONTHS DAYS HOURS	ER 24 HRS. 2c DATE	1-14-79 8;50	AR 2d HOUR		
	70 BIRTHPLACE (STATE OR 7b. CI	TIZEN OF WHAT COUNTRY	8 MARRIED NEVER MA	PRIED 9. BALTIMORE	CITY OR COUNTY OF DEATH			
A 25 % 10	PENNSYLV	ANIA U.	S.A. AME OF HOSPITAL, NURSING HOP	WIDOWED DIVO	RCED 120. USUAL OCCUPATIO	Ont. N (TYPE OF WORK 12b KIND OF	MD.		
70 TA PAGE 10 TA 10 TA 10 TA	726	Brk W	ashington Adv	entist Hospi	tal INSPECTOR		STRY		
PECOND SECOND	USUAL RESIDENCE	13b. COUNTY	INSTITUTION, GIVE RESIDENCE BEFORE ADMIN	13d. INSIDE CITY LIMITS YES RO NO		iledelphiz	Ave		
SS 1, PM VD 2 VITA	14. FATHER'S NAM	MIDDI		15. MOTHER'S MA	MIDDLE	LAST			
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W. PRESTON W. PRESTON D WITHIN 24 ENCIL IN ITE ENCIL IN ITE FINANTI PER ENTAL HYGE REMOVAL.		ans, if any, which ise to immediate	(b) Chirch ic	1	Liz Des	/ Yxr.			
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ral records, 30 HOULD BE EXECU RD "PENDING" IN HIST MEDIOCAL (USED AS A BUR OF HEALTH AND AL CREMATION, 0		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).							
VITAL REC SHOULD INCORD "PEN FE CHEF AN TO F HEAL GREAL, CREAL	19a. DATE O	POPERATION	19b. CONDITION FOR WHICH OP	ERATION WAS PERFORMED?		20 AUTOP			
OF VI	ZIO EXTERN UNDERLYIN	AL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YE P.M. 19		RRED LENTER NATURE OF INJURY IN		NOZY		
DIVISION E: THIS CERTIFIC FE, WRITING THI RWARDED TO FRAVE BEPART STATE DEPART 21201 PRIOR TO	21d INTURY		216. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
	- 1	tify that I taok charge of th	e remains described obove, held an	Autapsy , Inspec	nquiry	and in my opinion			
EXAMINE CERTIFICA DIRECTOR WITH THE	ACTUAL	100	00	TITLE (SPECIFY)		DATE	4-10-70		
TO MEDICAL E EXECUTE THE C EXECUTE THE C FUNEAR SHOU AFTER DEATH, BALTIMORE, MY	SIGNATURI EXAMINER'	NAME TOHN	S. ROGERS	M.D. 1919	SEMINARY ROA	D, SILVER SPRIN	,		
TO ME SACTOR POLICY OF TO PUT OF THE RAFTER SALTING	EXAMINER' (TYPE OR PE	INT)ATION,REMOVAL 23b. DA		ADDRESS	23d LOCATION CITY OR TOWN				
1800 BP.	SPECIF BURI	AL 1	1/17/79 CEDAR	HILL CEMETERY	SUITLAND	PRI GEO	MD.		
DHMH - 17 (VR A15 ME (5))	1470412	CTOR FRANCIS J	ADDRESS		. 4070	b. REO STRAR'S S	4		
15M 7/76	500 U	NIV. BLVD. W.	SILVER SPRING A	10. 20901 NO	N 1 5 19/9	0 //			



MIA TOTAL STREET, STREET



FOR

- STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

Everly Funeral

Home

Fairfax. Va.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

126 KIND OF BUSINESS OR

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1979

IF UNDER 1 YEAR

INDUSTRY

COUNTY

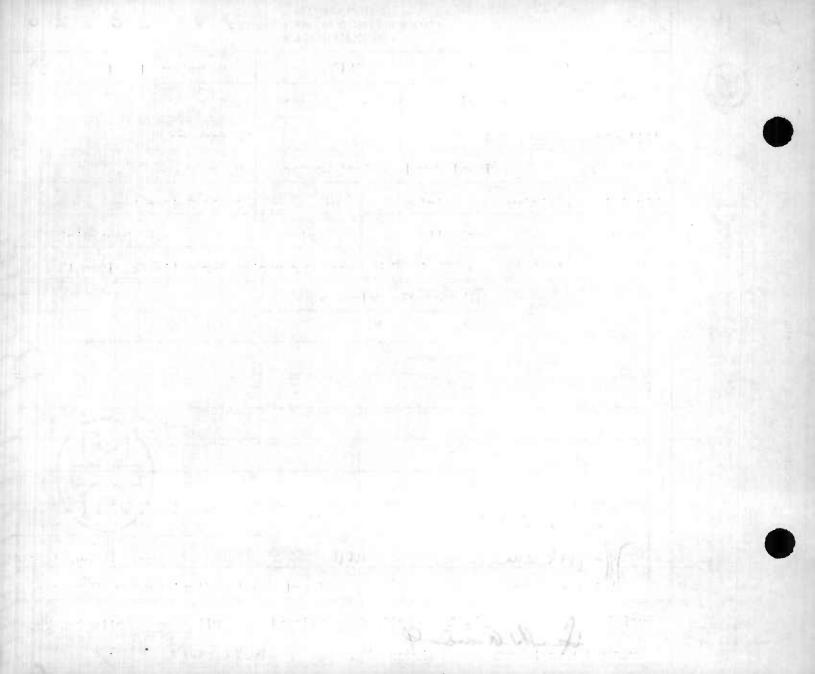
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c DATE SIGNED

Nov. 19 1979

STATE

DAYS



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMOBE, MARYLAND 2 (201 8 CERTIFICATE OF DEATH Middle Last 2o. DATE OF DEATH 2b. HOUR DECEASED-NAME (Type or print) Billhimer Month 6:P M Jenevieve 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER † YEAR lost birthday) MONTHS DAYS 10 requires that the death certificate be executed within 24 haurs 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? signed by the attending physician and campletely filled in by burial-transit permit. Then please remave carban papers. P 7a. BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED Wirginia USA DIVORCED | WIDOWED Montgomery 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind at wark dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address Br. 3600 Glereagles Dr. during most of working life, even if retired.)
Housewife **INDUSTRY** own home 13a. USUAL RESIDENCE (Where deceased light, if institution: Residence before 13.2 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO 3600 Glemagles and in any 14. FATHER'S NAME Middle Last 15. MOTHER'S MAJEN NAME First James Luckett Lucie Peyton 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 80 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (daughter) Cavalier (Yes na ar unknawn) (If yes give war or dates of service) 220-44-3892Genevie ve L. Cromwell-Rd. Arnold none 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE QR CONDITION GIVEN IN PART 1(a) Swere Contical melliter, TO FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 far use Health 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING -216. TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Tawn County While Not while ot wark 22a. I certify that (I) (this hospital) attended the deceased from 7/1/1, 1977, ta 1/2/7919, that (I) (we) last saw the deceased alive an 5 79, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING directar, page 3 shauld be filed v Leisure world madie 22e. ADDRESS 22d. PHYSICIAN'S PHYSICIAN'S NAME (Type) GUSTAUS 5. Belau41 center - Silver Spring Md 20906 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 11-15-1979 Fort Lincoln Cemetery Brentwood Pr. Geo Georges Md VR A15 (4) E. Pumphrey, Inc., S.S. Warner

MARYLAND STATE DEPARTMENT OF HEALTH

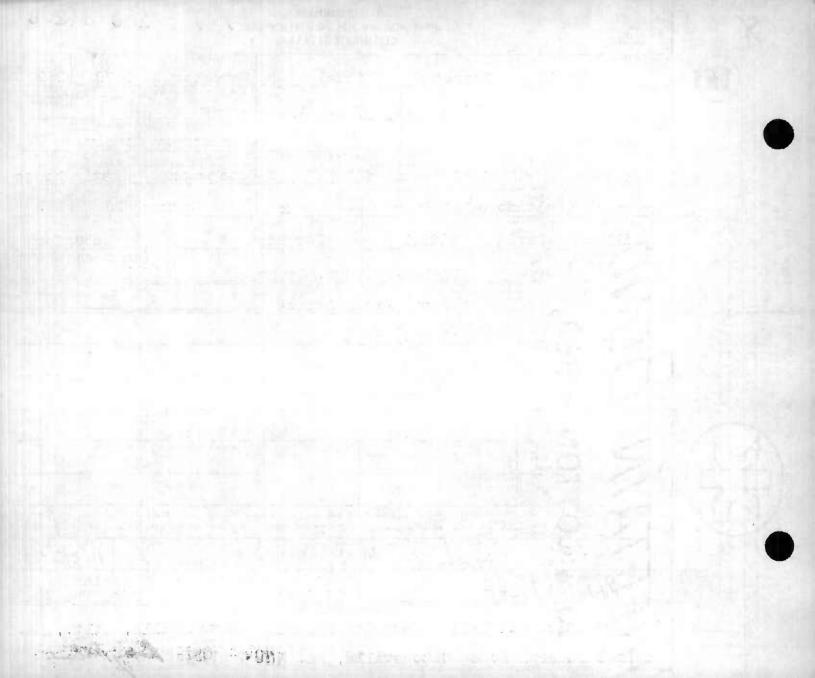
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENF

CERTIFICATE OF DEATH

FOR - STATE

REGISTRAR

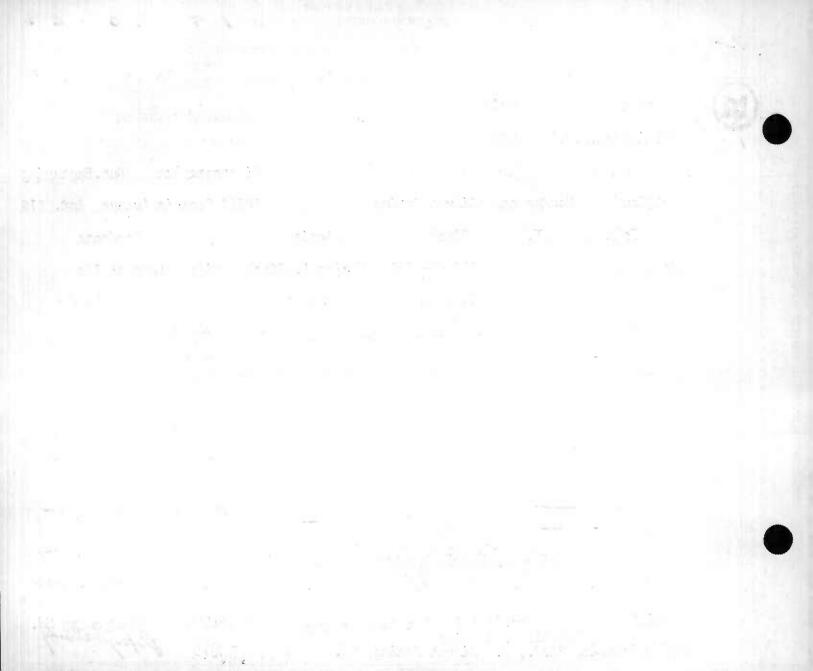


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

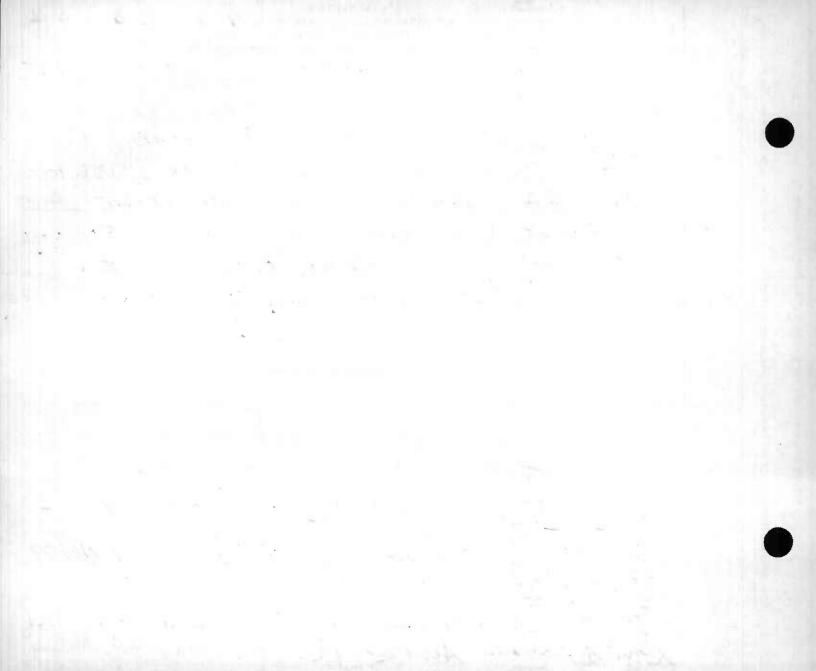
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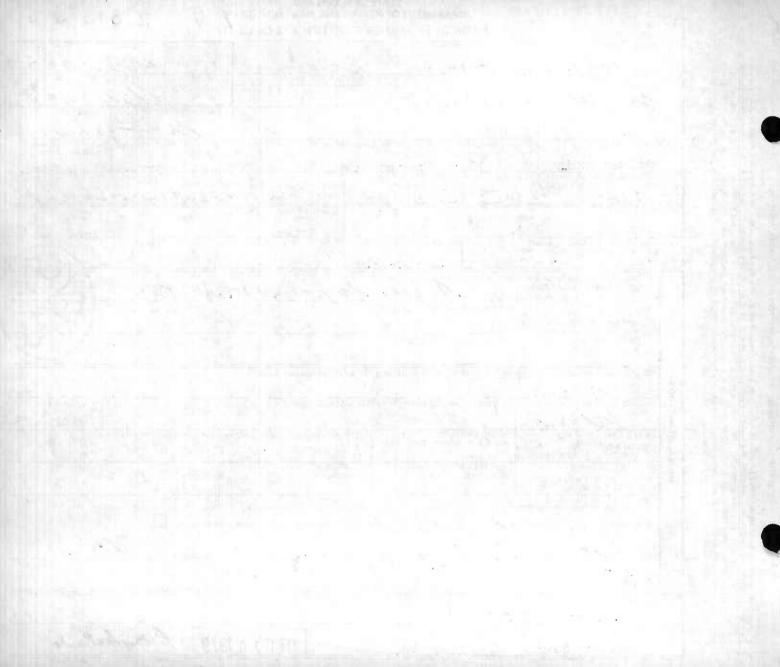
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rificate be execu- physician and ci an papers. Pages emoval.		VAS DECEASED EVER IN U.S. ARMI YES, NO OR UNINOWN) (IF YES, GIVE W		CURITY NO. 17 INFORMANT TO SUITE	BOND - 1	APROUTE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death certificate signed by the attending physics. Then please remove carban paper to burial, cremation, or removal. njury, or other traumatic event, th	Z	Canditians, if any, which gave rise to immediate cause (a), staling the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECUTION OF THE TOP OF T		MINAL DISEASE OR CONDI	TION GIVEN IN PART 1101
beer and beer	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
G PHYSICIAN: The k offending physician of this certificate has the buriol-transit per and Mental Hygiene ked or item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH P.M.		RRED (ENTER NATURE OF INJURY I	
DING PHYSIC or ottending After this cer is as the burg oith and Meni marked ar the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Prior Prior Portor for use of He		220.1 certify that (I) the saw the deceased alive an above, (I) (we) (did) (did)	14/000 19	29, and that in (my) (opinio	n death accurred an the date	and hour and from the causes stated
2 0 00 =		17h SIGNATURE	alfon	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	
TO HOSPITAL retained by th TO FUNERAL should be deti with the Store		WACTER E-C	5002H 741	2309 SHUKE	PELO RA	WHEATONMO
BP	23a	BULLAR DIRECTOR	11-19-79 C	Shary U. Mil	L. Christ	A SISTEMATE SIGNATURE
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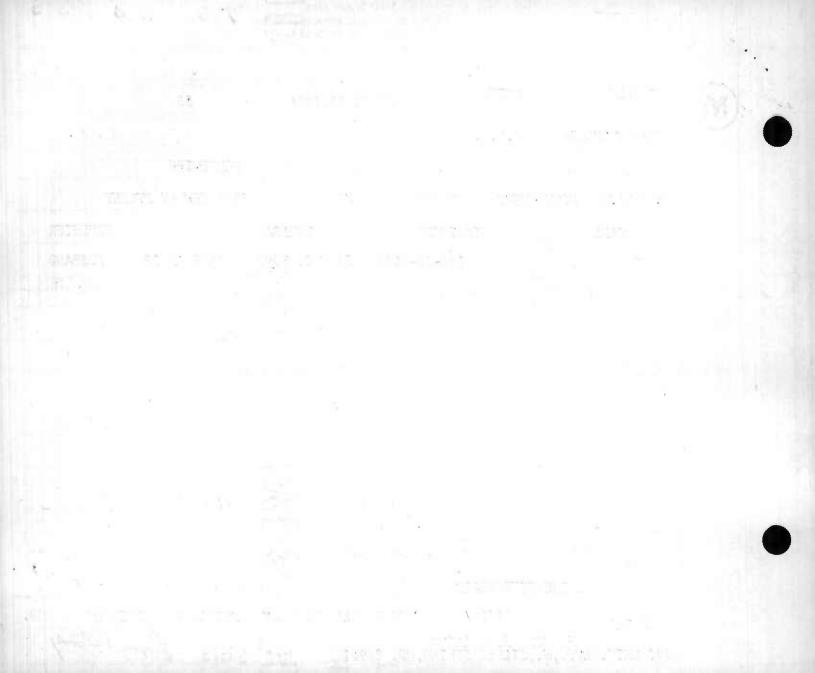
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1	11-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 2 8	3 3 3
		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
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FUNERAL DIRECT S FOR YOUR P		MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 2d, HOUR
NO.		14 W June 2638 4 GYRS. DEAD NOV.	01979 M
THI	/a. t	BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 0. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY (OF DEATH
N. P.	35	Md. USA WIDOWED DIVORCED & Monte	MCVY MD.
BE FILED.	1D. C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL DECUPATION (TYPE OF WORLD)	
38	00	Silver Spring 11452 Stewart Lane Computer Program.	
SDS,	USU	Sliver Spring 11452 Stewart Lane / Computer Program. UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE DEFORE ADMISSION)	Fed. Govt.
0		STATE 136. COUNTY 136. CITY OR OWN 136. INSIDE (ITY LIMITS? 136 STREET ADDRESS.	4 4 4 1
SHOULD BE	74	Mai rent 311. Spg. YES NOW 145 LUTEW EVEL	encapa-1
N a	14. F	FATHER'S NAME FIRST MIDDLE BAST IS. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
AND E VII	50	Bernice P. Bowen Agnes Ch	
	1 160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Ling
T. PAGES 1		(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 1948 - 1951 216-30-4319	
<u>≥</u>		120 30 4317	APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
MINER ALONG V TRANSIT PERMIT. NTAL HYGIENE, E		IMMEDIATE CAUSE (a) TENTE WE COLOR SCALE (2) 1015	
	A F	DUE TO, OR AS A CONSEQUENCE OF	
AL EXAMINER A BURIAL-TRANSIT AND MENTAL HY	REMOVA	Canditians, if any, which gave rise to immediate (b)	
ENT	REY	cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	13/44 mal 9 m
×	ŏ	lying cause last.	
Z	Ž	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
HEALTH AND	Z Z		
CA.	BURIAL, CREMAT	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	0 AUTOPSY?
OF H	2 2 2	The condition will be a second to the co	
1	RI FIEL	Wone	YES NO NO
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ART/	20 3	CONTRIBUTING CAUSE OF DEATH P.M. 19	
DEPARTMENT C	PRIOR TO MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	
į	2	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
STATE	21201 PRIOR		
HE	0,	22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . Inquiry . , and in my opinion	n
E CT	MARYLAND	death resulted from: Natural causes : Accident . Suicide . Hamicide . Undetermined manner . ,	
WIT W	ARY	TITLE (SPECIFY)	1. 26 100
H,	Ž.	SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE	V. 301979
PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST	OR OF	7/	
R D	X of	TYPE OR PRINT)ADDRESS	
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4	2 20.1	(SPECIFY) CITY OR TOWN COUNTY	STATE
_	2.4	Removal 12/1/79	IATURE
AH - 17 5 ME (5)		NAME	A
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		A the garden general control of the	The state of the state of the



6	FOR STATE	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 7 9 2	8 3 3 4
· (M)	REGISTRAR 1 DECEASED NAME FIRS (TYPE OR PRINT) E 5 S / E		LAST	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR A
4 moy	3. SEX	MON		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
oth. Poge	Female 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARR	or. 17 1881 ED NEVER MARRIED	9 8 YRS 9 BALTIMORE CITY OR COUN	
ors ofter der by the fuel filled within	Virginia OCITYORTOWNOFDEATH Bethesda	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		Montgomer 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
"LAND 2120 Thin 24 hours sly filled in b should be fill	USUAL RESIDENCE (IF NURSING HE	Bethesda Health DIME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY Georges Bowle	13d INSIDE CITY LIMITS?	Housewife 13e STREET ADDRESS 6700 Fannon	Drive.
MARYLAND 2120: ed within 24 hours ond 2 should be file ond 2 should be file	14 FATHER'S NAME FIRST (unknown)	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
IMORE.	160 WAS DECEASED EVER IN U.	S. ARMED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS 670 con-gr-son-Bow	0 Fannon Drive
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir ottending physicion. After this certificate has been sign os the buriol-transit permit. Then th and Mental Hygiene prior to b orked or teen 18 shows ony injury	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{NO} \)
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TENDI Ital or OR: A or use or use or use or use	sow the deceased oli	hospital) attended the deceased from	and that in (my) (aur) opinion	death accurred on the date and ho	, 19, that (I) (we) last our and from the couses stated
ALOR AT the hosp ALDIRECT detoched for the Dept. of the Dept. of the Dept. of the Dept.	22b. SIGNATURE	8	DEGREE ATTENDING PHYSICIAL	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
O HOSPITA eforined by TO FUNERA should be de with the Stotl MORTANT	22d. PHYSICIAN'S NAME (TYPE OR PRINT) LEKAGUL, M.	27 e ADDRESS 27485 a	elington Re	Settes da mes
1404 BP	230 BURIAL, CREMATION, REMO		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	county STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FUNERAL DIRECTOR	imphrey, Inc.	Millie 10		EURAB'S SIGNATURE

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- 0	Kı.	FOR STATE REGISTRAR			FICATE OF DEATH	REG. NO	2. o.	0 0	3 3
2 04	TIM	ECEASED NAME FIRST FEORPRINT) KATHERIN	٤ L.		07D	20 DATE OF DEATH	MONTH DAY	79 2b.	8 30 PM
ge 4 may be	3. SI	FEMALE	4 RACEHITE	S. DATE O	PIL 23,1926	6 AGE TIN YEARS LAST BIRT	404		UNDER 24 HRS
nerral a	5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) PENNSY LVANTA	76 CITIZEN OF WHAT CO	OUNTRY? MARRIE	D X NEVER MARRIED C	PALTIMORE CITY O	RCOUNTY OF	4	CO. MD.
by the fune filled within	D P	SETHES DA	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, SUBU	L, NURSING HOME (GIVE STREET ADDRESS)	HOSPITAL	174 USUAL OCCUPATION HOUSEWIF	ON EWORKING LIFE)	126 KIND OF BI	USINESS OR
ly filled in should be net must be	2 1		ROTHER INSTITUTION, GIVE RESID STY GOMERY	DENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13. 3769 RENU	AY STR	EET	
omplete	0	CARL	WIESI		15. MOTHER'S MAIDEN NA.	WIDDLE		NEUME:	IER
Poges	160	WAS DECEASED EVER IN U.S. AR (YES, HOOR UNKNOWN) (IF YES, GIVI		CIAL SECURITY NO. 38-20-6288	JOHN C. BOY	O SAME A		HUSBA	
physicio on popers emovol.		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one cause per line far i D BY: TE CAUSE (a)	al, (b) and ici.	tamponad	le		BETWEEN ONSE	T AND DEATH
e deoth ce e ottending move corbc notion, or re		4410 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) CLSSECHIAS TUPLINGS							
by the ose resident other		gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF							
equires n signed Then pli to burin	NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Ita	
The low relation. The how retained the hos been assist permit represent priors only in the hos shows only in the hos been assisted.	CERTIFICATION	198 DATE OF OPERATION	1% CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	706. IF YES, WIN CERTIFYIN	VERE FINDINGS	USED DEATH?
SICIAN: T ng physici certificate mol-transi frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MO	Y DNTH DAY YEAR 19	716 HOW INJURY OCCUR	RED JENTER NATURE OF INJUR	RY IN ITEM 18, PART	1 OR PART 2)	
or attending After this ce os the bur outh and Me	MEDICAL	ZIE INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21d PLACE OF INJUI (AT HOME, STREET, FACTO	RY DRY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
of He		22a certify that (I) (this hospi sow the deceased alive on	11-9	1979	nd that in (my) (our) opinion	, tadeath occurred on the do	te and haur or		(I) (we) lost
Y the hosp Ral DIREC deteched for the most Dept of them 2		obove, (I/N) (did) (did pot) view the body offer deoth. DEGREE							
HOSPI ined b FUNE uld be b the Si		J. BLAINE	FITZGERALD		8218 W	esconsi	AVE.	Beck	solo.
40° 2° 3° 3	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREMATORY HILL CEMETER	y SULTLAM) PR	T"GEO	STAYMD.
DHMH-16 20M (VRA 15, 4) 7/78		LINEDAL DIDECTOR	CIS J. COLLE	FNS RING.MD. 2		E REC'D. BY REGISTRAN	25b. RECUSTRA	R'S SYNATURE	4



	1	Them 5 g538 12/31/79 gj DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 2 8	3 3 6
		STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
-		ECEASED NAME FIRST MIDDLE LAST 20, DATE KNOWN MONTH OF ESTI-	DAY YEAR 76 HOUT
A.F	V	SAMUEL J. BRACKEN, SR. DEATH MATED DON-	257979 OM
1	3. SE	X RACE S. DATE OF BIRTH 1912 A. AGGOTTERS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH LAST BIRTHDAY MONTHS DAYS HOURS I MIN. PRONDUNCED	DAY YEAR 24 HOUR
•		Male White Feb. 39.1222778	179 5:134
-		BIRTHPLACE (STATE OR OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OR COUNTY	OF DEATH
	W	est Virginia USA widowed A Divorced Montgomery	MD.
	10 C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK 12) FOR MOST OF WORKING LIFE)	b. KIND OF BUSINESS OR INDUSTRY
	S	ilver Spring Holv Cross Hospital Retired \$6	elf Employe
		IAL RESIDENCE (IF INTURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136, COUNTY 136, CITY OR TOWN 136, INSIDE (ITY LIMITS? 138, STREET ADDRESS	
		W. Va. Marion Fairmont YES NO 1024 Bryant St.	
	.14. F	ATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE	LAST
)		Samuel F. Bracken Elizabeth (Coughlin
	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. 17 INFORMANT HOME) 17 INFORMANT HOME	
1		Yes WW 11 232-05-1614 R.C. Jones Fairmont,	W. Va.
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AcuteMyocardia	
		429/ DUE TO, OR AS A CONSEQUENCE OF	
		Canditions, if any, which gave rise to immediate (b) Chronic Myocard, 21 Dist	Yrs.
		cause (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF	
1		(e)	
	RTIFICATION	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
_	5	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
1	5	1/2 to 1/2	
-	CERTIFICATION	210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART)	YES NO
3	ALC	UNDERLYING OR HOUR A.M. MONTH DAY YEAR	
	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION	
	ME	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNT	TY STATE
1			
		22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and in my apini	an
		death resulted fram: Natural causes Accident , Suicide , Hamicide . Undetermined manner ,	
		ACTUAL DATE DATE DATE DATE DATE DATE DATE DATE	Vov.25 1979
		SIGNATURE M.D. DEPT MEDICAL EXAMINER SIGNED.	1111
4		[TYPE OF PRINT] John S. Rogers, DME ADDRESS Silver Spring, Mary	Land
	73e f	BURIAL CREMATION REMOVAL 235 DATE 222 NAME OF CEMETERY OR CREMATORY 236 LOCATION	
	(Burial 11-28-79 Holy Cross Cemtery Fairmont Marion	
	24_F	FINEDAL DIRECTOR	
	Wa 8	arner E. RinnxPumphrey Rec Culture 18434 Ga. Ave.	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH Month (Type or print) Albert. Henry Brewood Nov. 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR lost birthogy MONTHS DAYS HOURS Male White October 13, 1887 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country England Montgomery USA WIDOWEDX DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR owe street address) during most of working life even if retired.) INDUSTRY Silver Spring, BALTIMORE, MARYLAND 21201 Printing 130. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c. CITY OR TOWN BE OTTHE INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Florida 13b COUNTY Vton NO West Palm YES 14 FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Middle Lost Middle Lilly Brewood Emily Henry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Columbia (Yes, no or unknown) C Harpers Rd Md. 20144 Merrill Drennan_ 5681 **577-03-8180** APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for 16), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PRESTON STREET, murcule IMMEDIATE CAUSE (o) DUE TO, OR Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) 301 DIVISION OF VITAL RECORDS, 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) burial, OR CONTRIBUTING CAUSE DF DEATH HOUR A.M. Month Day Year (If either, notity medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this hespital) attended the deceased from 8 saw the deceased alive an 1979, and that in (my) (cor) apinian death occurred an the date and haur and fram the causes stated abave, (I) (we) (did) (discret) view the body after death. 22b SIGNATUR 22c. DATE SIGNED DIRECTOR PHYS 22n ADDRESS MAMMA ype) J. Blaine Fitzgerald. auld 230. BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 235. DATE (County) Prince Geo. Co. REMOVAL (Spacify) of sp 11/9/79 Suitland, Md. 0 Cedar Hill Cemetery 24. RUNERAL DIRECTOR JOSEPH GAWLER'S SONSODREARC. 250. REC'D BY REGISTRAR 19 35b. REGISTRAR SAGNATURE DHMH-16 1/71 30M 5130 Wisc. Ave. N.W. Wash., D.C. 20016 (VR A15 (4))

STATE OF MARYLAND

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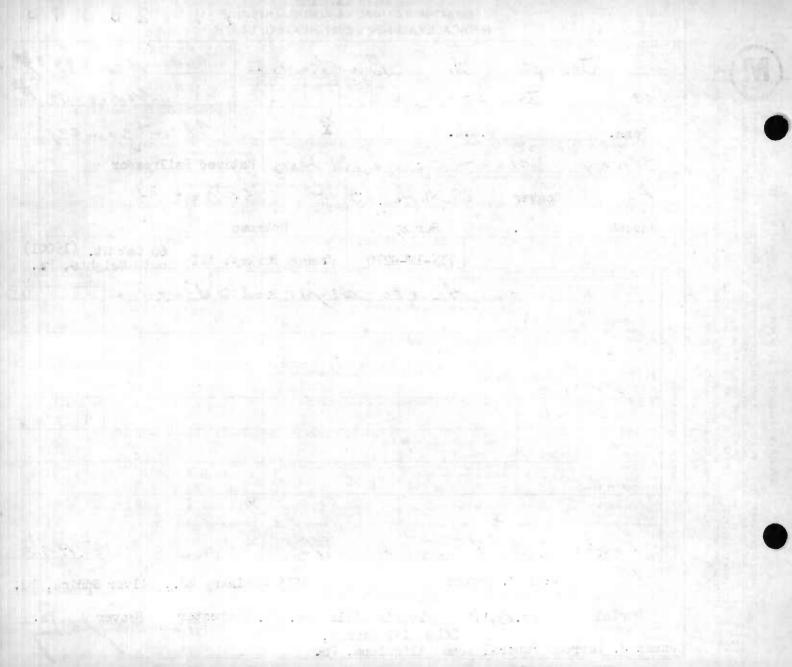
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STATE OF MARYLAND

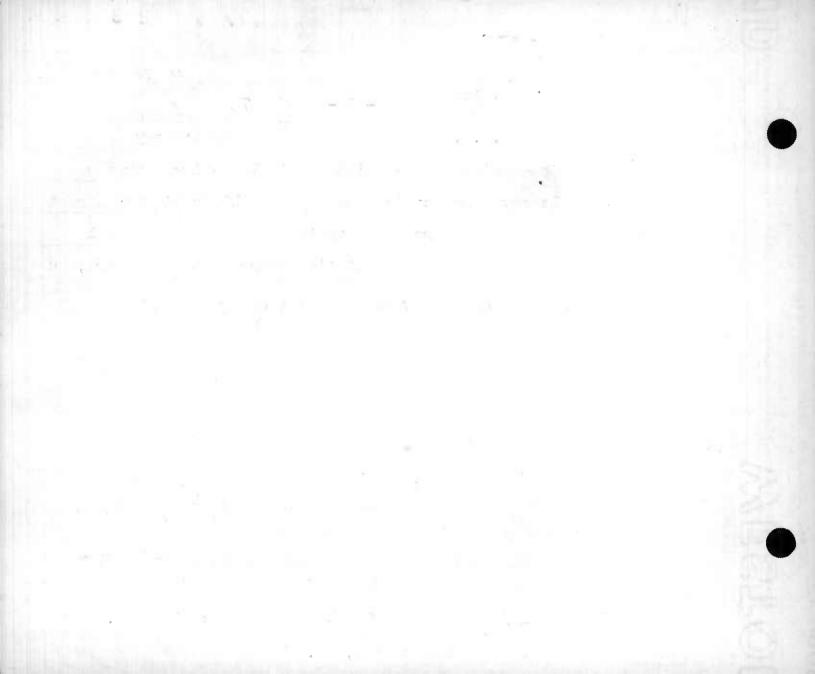
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE		DEPARTMENT OF HEALT	TH AND MENTAL HYGIENE	28343
	1 05	REGISTRAR CEASED NAME FIRST	WE	DICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	
THE STREET,		JOS &	5. DATE OF BIRTH MONTH DAY	YEAR 6. AGE IN YEARS IF I	UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 26 HOUR AND YEAR 26 HOUR AND YEAR 26 HOUR
NECESSA FUNERAL 5 FOR YOU W PRESTON		RTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY? 8. MAR	RRIED NEVER MARRIED 9. BALTIMORE CITY	OR COUNTY OF DEATH
THE F	10. C	Penn.	11. NAME OF HOS	SPITAL, NURS ING HOME, OR O	FOR MOST OF WORKING LIFE)	OK INDUSTRY
F ANY AND S RETAIL	USU 13a. S	AL RESIDENCE (IF IN JURSING HOME COUNTY)	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN When the Helght	Retired Railr 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS YES NO	· Ł
adda	JA. F	ATHER'S NAME FIRST Joseph	WIDDLE	Burkey	15. MOTHER'S MAIDEN NAME FIRST MIDDLE Unknown	LAST
"BALTIMORE, MD DURS, AFTER DEATH 18. GIVE PAGES 1, WITH FORM PM IT. PAGES 1 AND 3. DIVISION OF WITH	160.	WAS DECEASED EVER IN U.S. AR. ES. NO, OR UNKNOWN) JIF YES, GIVE	MED FORCES? WAR OR DATES)	715-12-0270	17. INFORMANT ADDRESS	Oak St. (15001) th Heights, Pa.
L RECORDS, 301 W. PRESTON 51., UUD BE EXECUTED WITHIN 24 HOL "PENDING" IN PENCIL IN ITEM 18 EM AEDICAL EXAMINER ALONG VED AS BORAL-TRANSIT PERMIT HEATH AND MENTAL HYGIENE. D CREMATION, OR REMOVAL.		Canditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> . PART 2 OTHER SIGNIFICANT CONDITIONS	(b)	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1 (c).	
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DIVISIC BITTING CERTING TE, WRITING SWWARDED T PAGE 3 SH STATE DEPA	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, 21f. L CTORY, FARM, ETC.)	OCATION STREET CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST BALTIMORE, MARYLAND, 217		22a. I certify that I took charg death resulted from: Natu ACTUAL SIGNATURS	ge of the remains de ral causes	scribed abave, held an Aut Accident Suicide [apsy , Inspection , Inquiry , at Hamicide , Undetermined manner , TITLE (SPECIFY) , MEDICAL EXAMINER	DATE 18 V 19 79
O MEDI XECUTE VAGE 4 IO FUNI SALTIMO	230.5	EXAMMER'S NAME (TYPE OR PRINT) JUNIAL, CREMATION, REMOVAL	hn S. Reg	234, NAME OF CEMETERY	ADDRESS 1919 Seminary Rd. S	
BP	L (SPECIFY)_	Nov.23,17	9 Sylvania Hi	ills Mem. Pk. Rechester	Beaver Pa.
DHMH · 17 (VR A15 ME (5)) 30M 7/73		ames J. Darreck	Funeral 1		cet.	- Juneary



	1 -	FOR STATE REGISTRAR	_ ~	DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 7 9	2.	8 3	5 4
		EASED NAME FIRST	M.	Idred	K	Buchs	2a DATE OF DEATH	MONTH DAY	YEAR 79	21 HOUR
3.	SEX	Female 0	4 RACE W	hite	S DATE O		6 AGE (IN YEARS LAST BIRTI	MON' YRS	NOER I YEAR	IF UNDER 24
within 72 bours after death	COL	THPLACE (STATE OR FOREIGN Md		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED A	Montg	R COUNTY OF	DEATH	
notified with		y OR TOWN OF DEATH AKOMA Park	Wash.	ington	ADDRESS)	rother institution Itist Hospit	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF AL RETIT	WORKING LIFE)	IZIL KIND C INDUSTRY	OF BUSINESS
13 CE/O	SUAL 30. ST	RESIDENCE (IF NURSING HOME OR ATE) Md All	other institution ity egany	13c. CITY OR TOW Lonaco		136 INSIDE CITY LIMITS?	13m STREET ADDRESS	hingto	n St	reet
and 7	. FAT	Adam	MIDDLE	Byers	5	Annie	WE		Bal'Î	
emoval event, the medical		AS DECEASED EVER IN U.S. AR. s, no or unknown) (IF YES, GIVE	MED FORCES? WAR OR DATES	166 SOCIAL SECU	RITY NO.	William By	vers Co	ss llege		, Md
her re	- }	gave rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF					
permit. Then please remove carb ne prior to burial, cremation, ar r as any injury, ar other troumatic			(c) CONDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, W	ERE FINDIN	NGS USED OF DEATH
18 shows any injury, or	CERTIFICATION	couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	196 COND 196 COND 196 COND 196 COND 196 COND 196 COND	ONTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA	OPERATIO		200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	NGS USED
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should be detached far use as the burial-transis permit. Then ples with the State Dept of Health and Mental Hygiene prior to burial MPORTANT: If them 21 is marked at them 18 shows any injury, or	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE COUSE OF THE	196 COND 196 COND 196 COND 196 COND 197 COND 198	ONTRIBUTING TO DESTRUCTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F offer death. The deceased from 19 20 offer death.	OPERATIO OPERATIO AV YEAR 19 ARM, ETC.	21c HOW INJURY OCCURI	200 AUTOPSY? YES NO PROPER NATURE OF INJURE CITY OR TOWN TO MEDICAL STAF DIRECTOR PHYSIC	206. IF YES, WIN CERTIFYIN YES YES THE WITTEN 18, PART 1	COUNTY COUNTY	STATE COUSES STORED



	1 - :	FOR STATE REGISTRAR			AND MENTAL HYGERTIFICATE OF I	DEATH	2 8	3 4 5
	1. DEC	CEASED NAME FIRST	ames MacGregor		rne	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH D	0 79 75 HOUR
HEASE OF ECTOR. JA FILES. HOURS STREET,	S. SEX	ale PACE White	5. DATE OF BIRTH 6. AGE	(IN YEARS IF UN BIRTHDAY) MONTH		HRS. 2c. DATE	MONTH I	DAY YEAR 2d HOUR
		RTHPLACE (STATE OR LEIGH COUNTRY) New York	76. CITIZEN OF WHAT COUNTRY? USA	10	ED NEVER MARRIED ED DIVORCED		-	
10 30 FEE	I	Y OR TOWN OF DEATH Sethesda	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AND SUBURBAN HE	spital		USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) Oreign Servic		
SECORE	3a S1	ATEMd. 136. COUN			13d. INSIDE CITY LIMITS? 13e YES 🛣 NO 🗆	street address 5904 Cedar P	arkwav	
5/50	J	THER'S NAME FIRST AMOS	MIDDLE LAST Byrne		15. MOTHER'S MAIDEN N FIRST Helen	MIDDLE		cGregor
DIVISION	(YE	No	RMED FORCES? E WAR OR DATES) 16b. SOCIAL SE 216-44 nly one couse per line for (a), (b), ond (a)	-3706	June Byrne	Same as Ite		APPROXIMATE INTERVAL
ED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, I CREMATION, OR REMOVAL.	z	Conditions, if ony, which gove rise to immediate cause (a) stating the <u>underlying couse last</u> .	e (b)	NCE OF	DR CONDITION GIVEN IN PART 1	ol.		
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION W	AS PERFORMED?		1	20. AUTOPSY?
PRIOR TO BURIAL,		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY DEATH P.M.	YEAR	W INJURY OCCURRED (E	NTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
STATE DEPA	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE C AT WORK	21e PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNTY	STATE
2 ± 5			ge of the remains described obave, held ural causes , Accident , John 9, B.U	on Autops Suicide	Homicide U	Inquiry , or	DATE	lov. 30,1979
PAGE 4 SHOULD B TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYLA		(TIPE OR PRINT)	nn G. Ball, M.D.		ADDRESS	ld Georgetown	Rd. B	eth., Md.
,	(SI		12/4/79 Rock	rcemetery of Creek Ce	emetery	Washington,		STATE
AH - 17 5 ME (5)) 7/73	44. FU	NAM5130 Wisc.Ave	n Gawler's Sons, I e. N.W. D.C	20016	DE (D. BY REGISTRAR 256. REG	LEARSSIGN	ATURE Greaty

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	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2 8	3	4	6
ı		CEASED NAME FIRST	WIDDLE	t.	AST	20. DATE OF DEATH		YEAR	2b. HOU	RA
	,,,,,	Albert	М.	By	rnes	November	6, 197	79	9:4	45M
-	3. SE)	(4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	MONII	OER I YEAR	IF UNDER	24 HRS
4	1	Male	Caucasian	May	18, 1909	70	YRS	13 0213	,	10.00
1	7a. Bil	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
2		ennsylvania	U.S.A.	WIDOWE	D DIVORCED	Mont gome:				MD.
8		ilver Spring	11. NAME OF HOSPITAL, NO (IF NOT IN SUCH FACILITY, GIVE HOly Cros			TYPE OF WORK FOR MOST OF BTO	WORKING LIFE!	26. KIND O NDUSTRY FO(SS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUNTY LAND MONTS	other institution, give residence 13c. CITY, OR Bethe	TOWN	13d. INSIDE CITY LIMITS? YES A NO	130. STREET ADDRESS 4524 Wit	ndsor 1	Lane		
É		THER'S NAME Not available	Byrne		15 MOTHER'S MAIDEN NA		ot ava:	i1ab°	le	
y	16e. W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE		1 7		
		Vo		30 2395	Lola H. By	rnes sam	e as i	tem	13	
	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	SEQUENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN II			
2	IFIC.		170. CONDITION TOK W	THE TOPERATION	WASTERI ORMED	YES NO DA	IN CERTIFYING	CAUSES	OF DEAT	H?
	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (1) (this hospi sow the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	office, FARM, ETC.]	DEGREE	CITY OR TOW death accurred on the di	YN C	COUNTY	that (I) (v	
		22d. PHYSICIAN'S NAME/(TYPE O	HTCOLW R PRINT]	1 10/0	22e. ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	IAN 🗌		6/79)
		Max Cohe	n. M.D.		10215 Ferr	nwood Rd.	Bethes	da,	Md.	
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 11/9/79		emetery or crematory wn Memorial	23d LOCATION CITY OR TOWN ROCKVI	11e. M	ary1	and	ATE
	24 FL	NAME ROBE			ERAL 250. DAT	V 0 9 19/9			and y	

DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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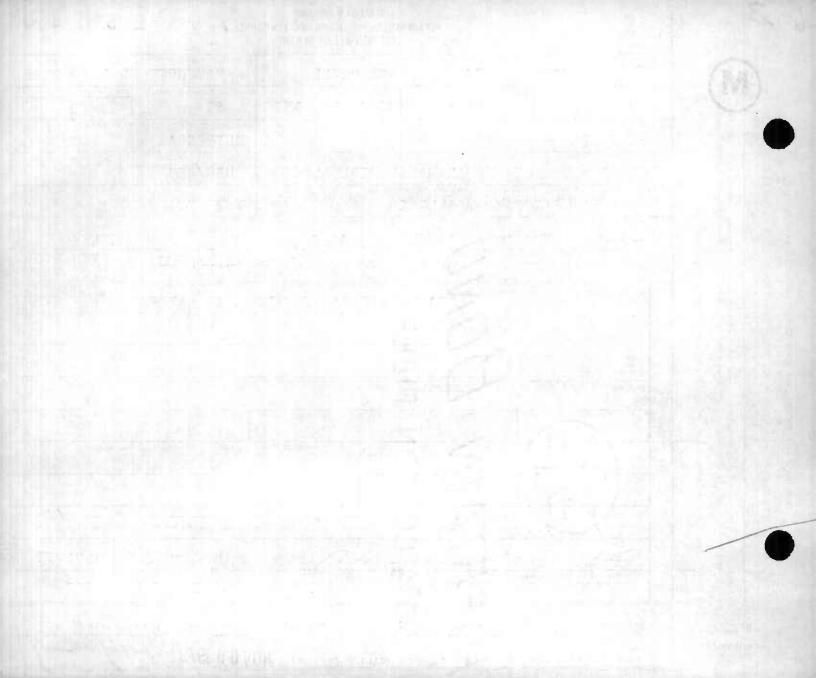
	MARYLAND STATE DEPARTMENT OF HEALTH
11/	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 8 3 4.
	CERTIFICATE OF DEATH
= ====	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print) 2 Month Day Year 2b. HOUR
ee As	OBJEPHINE P. CALVAGNA 11 9 79 17
after O	3. SEX FEMALE 4. RACE WHITE 5. DATE OF BIRTH JAN 1. 1909 6. AGE (In years lift unboth 1 year lift unboth 2 years lost birthday) 70 YRS.
P P P	70. RIRTHPIACE (State or foreign 7/b (ITIZEN OF WHAT COUNTRY? 8. MARRIED TO MERCEN OF DEATH
n 24 ha illed in papers.	WASHINGTON D.C. U.S.A. WIDOWED DIVORCED WINTER 7
filled pape	In city or town of Death 11 NAME OF HOSPITAL OR INSTITUTION (If not in baseital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF RUSINESS OR
ed with pletely farbanent, with	SILVER SPRING give street oddress) 10000 BRUNSWICK AVENUE ADM. ASSISTANT RALPH W. PAYNE C
ecuted with campletely ove carbon y event, with	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b. COUNTY MARYLAND MONTGOMERY SILVER SPRING YES X NO 10000 BRUNSWICK AVENUE
d co	14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Last
be ex and e rem	MICHAEL PYNE AGNES PETERSEN
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the hospital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers.	16a, WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dates of service) (Yes, na, or unknown) (If yes give war or dates of service) 579-03-0769 RITA M. VENEZIANI Address 4010 S.E. 46TH BELLEVUE WASH
ne death certific c attending phys permit. Then p ian, ar remaval	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ndir nit.	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CARDIAC ARRHYTHMA
atendi attendi permit. ian, ar r	
t the the sit p	Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) (b) CARPAIC OBSTRUCTIVE LINE DUEASE YEARS
tha an. by ran:	rise to immediate cause (a), (stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
quires that t physician. signed by the burial-transit	last. (c)
aqui phy sigr bur bur	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
w rading the the	¿ COR PHIMONALE - ARTERIOCIERITIC HEART DIJEASE
AN: The law re all ar attending icate has been for use as the Health prior ta	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 (fem 18.)
S are	
Die Erigination	(If either, natify medical examiner) P.M. 19
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital ar attending physician. SIRECTOR: After this certificate has been signed by le 3 should be detached for use as the burial-trailed with the State Dept. of Health priar to burial, cre	21d. INJURY OCCURRED While Nat while at work at work.
by the ffer be constant	22a. I certify that (I) (this hospital) attended the deceased fram 477, 1977, ta 11-9, 1979, that (I) (we) to
END led S: A Jid the S	saw the deceased alive an
ATTEN Stained CTOR: A shauld ith the	22b. SIGNATURE / 22c. DATE SIGNED
OR Se re de ve de ve	MAZ- //ROPS WW/, DEGREE PHYS. DIRECTOR
TAL OF DISTRIBUTION OF PAGE OF FILED	22d. PHYSICIAN 2 22e. ADDRESS FOR A CAMERON OTREST
TO HOSPITAL OR ATTEN Page 4 may be retained for FUNERAL DIRECTOR: director, page 3 shauld should be filed with the	NAME (Vy) JASON UELGER MID. SILVER SPRINK. IND. 20910
O HOSPIT. Page 4 mc O FUNERA director, p	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 5 5 P	RECORTACION 11/13/79 MT. OLIVET CEMETERY WASHINGTON, D. C.
VR A15 (4) 25m-1/70	24. FUNERAL DIRECTOR FRANCIS J. COLLINS ADDRESS 250. REC'D BY REGISTRAR 25b. REOSTBAR'S SUBJECT 10.70
25m-1/70	500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 NOV 1 5 1979

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	1.	FOR STATE REGISTRAR			DEPAR		EALTH AND A			. NO.	0 0	3 U
A		CEASED NAME OR PRINT)	JOHN		ZAMOH		IPBELL		20 DATE OF DEATH		DAY YEAR 1979	26 HOUR
)	3. SE	MALE	4	CAUC	NAIZA	SEPT	ғ віктн • З О ¬	14,50	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
83 mars		RTHPLACE ISTATE OR FO	DREIGN 7	USA	WHAT COUNTRY	? 8 MARRIEI WIDOWE	NEVER A	AARRIED	9. BALTIMORE CIT BETHES		OF DEATH	M
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Poges 1		VAS DECEASED EVER VES NO OR UNKNOWN)	LIENES CHEN	(AD OD 0 . SEC)	166. SOCIAL SEC	URITY NO.	20N	Stever	T. AHAMTE	TON ST	HIGH N.C.	
n signed by the attendi Then please remove car r to burial, cremation, ar injury, or ather traumati	NOI	Conditions, if ony, gove rise to immr cause (o), stating underlying couse	nediate g the last.	(b) DUE TO, O	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	JENCE OF	NOT RELATED	TO THE TERMI	nal disease or co	ONDITION GIV	EN IN PART 110	,
has bee t permit. iene pria aws any	CERTIFICATION	19a DATE OF OPERA	NOI	19b. COND	TION FOR WHIC	H OPERATION	WAS PERFOR	RMED	YES NOTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
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ter this of the burner of the	MEDICAL	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO	TILE	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE	, FARM, ETC.)	21f LOCATIO STREET	N	CITY OR	TOWN	COUNTY	STATE
CTOR: Al for use o of Healt 21 is mo		22a.1 certify that (1) sow the decease above, (1 (we) (c	(this hospital	attended the	deceased from	14325 747.00	TI OC	[19 79 (aur) opinion d	, to LL 50 leath occurred on the	DLNOV . e dote and hour		hay (V (we) los auses stated
RAL DIREC detached ote Dept. VT: If Item		226. SIGNATURE	وير	7.0	Soule	~		TTENDING HYSICIAN [MEDICAL S DIRECTOR PHY	TAFF SICIAN	DEN	OV79
should be defined by the state with the State MPORTANT:		GEORGE		AMBLIN	MD.			ONAL	NAVAL ME	DICAL	CENTE	₹ 7
- 2 3 ≤	(BURIAL, CREMATION, BURIAL	REMOVAL	23b. DATE			METERY OR C	REMATORY T L	23d. LOCATION CITY OF TOWN	ON ARI TI	COUNTY	STATE
6 50M 1/76 15 (4))		INERAL DIRECTOR NAME MURPHY FAL	Z CHU	IRCH FUI	ADDRESS	MF FALL	VA.	310	REC'D. BY REGISTR	AR 25b. REGIST	RAR'S SIGNATU	Credy

STATE OF MARYLAND



500 UNIV BLVD W. SILVER SPRING MD.

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME LAST 26 HOUR (TYPE OR PRINT) Nov. 15. 1979 4 RACE 6 AGE UN YEARS LAST BIRTHDAYS 3 SEX 5 DATE OF BIRTH MONTH JAR 3 white 96 Frmale To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED USA Montgomery New Jersey WIDOWED XX DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Bel-Pre Health Center (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Silver Spring housewife own home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2127 Jennings Road, 136 COUNTY 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN arvland Kensington Montgomery YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Cranmer Cornelius Kellv Augusta 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 11 NFO (Caughter-in-law) 2127 Jennings Rd. (IF YES, GIVE WAR OR DATES) -01-4529AMrs. Charles Purves Kensington, Md. 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) OR AS A CONSEQUENCE OF las ateriale sin Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOXX YES [NO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) This haspital attended the deceased from ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEG REE 22c. DATE SIGNED MEDICAL ATTENDING FUNERAL uld be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT 27e ADDRESS Morris Perry, MD 11602 Georgia Ave., Silver Spring, M 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b DATE STATE DOOGBP COUNTY 11-17-79 Burial West Creek SE REGISTRAR'S SIGNATURE "Warner E. Pumphrey, Ind. DHMH - 16 50M 7/77 (VRA 15 (4)) 8434 Ga. Ave., S.S. Mg.

medicol pramine must be mutified at once.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MAPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the

	1-	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH		20004
	I DE	CEASED NAMEAnge Pa	Marie Marie		hast	REG. NO.	23 79 948 N
	3 SE:	Female	White	MONT	OF BIRTH	· · · · · · · · · · · · · · · · · · ·	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
15	C	IRTHPLACE (STATE OR FOREIGN OUNTRY).	76 CITIZEN OF WHAT 45	A MARRIE WIDOW	ED NEVER MARRIED A ED DIVORCED DOR OTHER INSTITUTION	9 BALTIMORE CITY OR COL	OMERY MD 12b. KIND OF BUSINESS OR
, 8	S,	Ilver Spring AL RESIDENCE (IF NURSING HO)	HO LY ME OR OTHER INSTITUTION GIVE RE		HOSPITAL	None None	None —
5	1			ockville	YES NO	40200 Indepen	dence Street
61	16a V	John VAS DECEASED EVER IN U.S		Chase OCIAL SECURITY NO.	FIRST Mildre	WIOOFE	Settle Rockville, Md
1	()	NO OR UNKNOWN) (IF YES	. GIVE WAR OR DATES)	one _	John F. Chas	se 40200 Indepe	
	ATION	Conditions, if ony, which gove rise to immediate couse to storing the underlying couse lost PART 2 OTHER SIGNIFICA	DUE TO, OR AS A (c) NT CONDITIONS CONTRIB	CONSEQUENCE OF	N. 257 F	AINAL DISEASE OR CONDITION 200 AUTOPSY? 200	N GIVEN IN PART 1(0)
29	AL CERTIFICATION	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	21% TIME OF THUIL	N.h.		YES NO TO THE RED (ENTER NATURE OF INJURY IN ITE	ERTIFYING CAUSES OF DEATH? YES NO
	MEDICAL	21d INJURY OCCURRED What hot what at work I had been been been been been been been bee	IN PLACE OF BNJ	TORY, DEFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	3	Saw the debended atmosphere (b) (we) (did) (di	d not view the body after a	eoth 19	ATTENDING PHYSICIAN [death occurred on the date one	d horr and from the causes stated 222. DATE SIGNED 233
1		224. PHYSICIAN STANCE (I	EUGENE SUSSIV	IAN, MD	2401 Blush	218/8/2015	35, Md 20902
	(Burial, cremation, remo specify) Burial	11/27/79		Heaven		ng Montgomery Md.
		UNERAL DIRECTOR Son Wheeler F	uneral Home	AODRESS 1331 RO Rockvil	ockville bre	E REC'D. BY REGISTRAR 250 RE	GISTRAR'S SIGNATURE

STATE OF MARYLAND

DHMH - 16 50M 1/76 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

racion federaries at Mitraet off levinors | Dooley Time! takes throng Independent could waket EUGENE SUSSMAN, MD . Of transplanting being and the 27/73/15 de nois p sie. Mall wook IEC. Hockwille, - Hi.

	1-	FOR • STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE / 9		8 3	5 5
		CEASED NAME OR PRINT)	essie		Wilson N NOVIN	owlin	SNA	20. DATE OF DEATH	MONTH DAY	1979	26 HOUR 4:42 AM
	3. SE	x Female	4 F	White	9	5 DATE O		6. AGE (IN YEARS LAST BIRTI		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
3		RTHPLACE (STATE OR FOR OUNTRY) Virginia	REIGN 7b	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OF Montgo		FDEATH	MD.
0	1	TY OR TOWN OF DEAT			HOSPITAL, NURSIN H FACILITY GIVE STREET C Valley		or other institution ng Home	12d USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOMEMAKEY		126 KIND O INDUSTRY Own Ho	F BUSINESS OR
L	USU/ +13a S	AL RESIDENCE (IF HURSIN	ontgo		GIVE RESIDENCE BEFORE 13 CITY OR TOW ROCKVIL	ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS Potomac Va	lley R	oad	
51	14 FA	John	Henr	y Y	Nowlin		IS. MOTHER'S MAIDEN NAM	Louisa		odson	
1	16a. V	VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMEE (IF YES, GIVE WA		Unknown	RITY NO.	W.D. Diuguid	Inc. F.H.		hburg. Rivern	va. nont Ave
		Conditions, if ony, gove rise to immercause (a), storing underlying cause	which ediote the lost	DUE TO, O	Candu RASTA CONSEQUE RASTA CONSEQUE	NCE OF	peratogar ed Athers	cleron's			MATE INTÉRVAL INSÉT AND DÉATH
	NOIL		007.3				NOT RELATED TO THE TERM				1000
7	CERTIFICATION	190 DATE OF OPERATE	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES [NG CAUSES	
7		21a ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	AUSE OF DEATH	21b. TIME C HOUR A. P.	M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK		218. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
		220.1 certify that (1) (saw the deceased abave, (1) (we) (di	d altimate	10 11	8 107	9	nd that in (my) (our) opinion o	death occurred on the do	te and hour o		that (I) (we) last couses stated
		22b. SIGNATURE	20	ar	card		THISICIAN	MEDICAL STAF	F IAN 🗆	22c. DATE:	3/79
1	A S	MIGUEL R	CAS (CARDO			POTO MAC	3 INIC CT) Mayl	and	208	54

DHMH - 16 50M 7/77 (VR A 15 (4))

23b. DATE Spring Hill Cemetery Nov.15,1979

23c. NAME OF CEMETERY OR CREMATORY

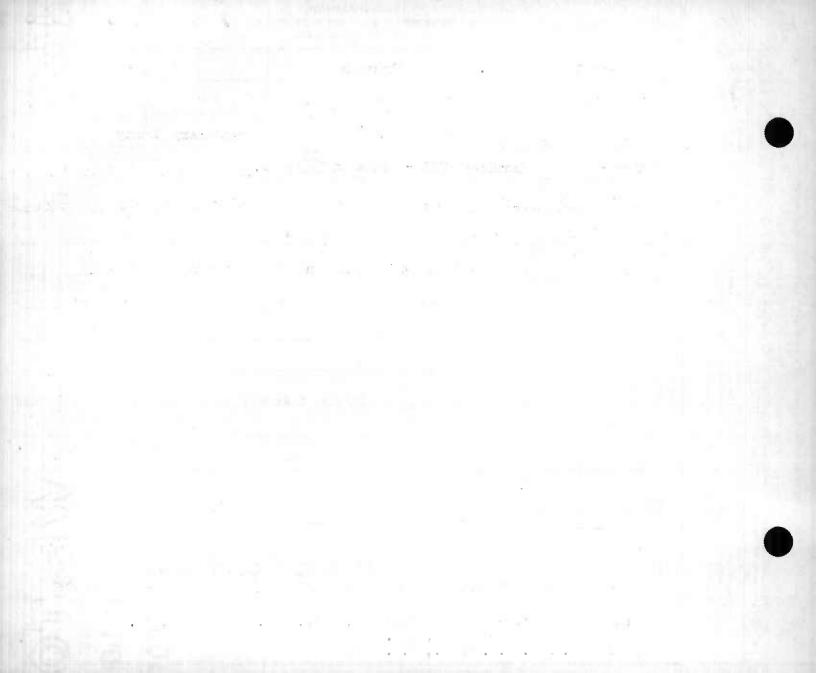
23d LOCATION Lynchburg

Va.

23a BURIAL, CREMATION, REMOVAL SPECIFY, Burial DEGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS 5130 Wisconsin 14 FUNERAL DIRECTOR
Joseph Gawler's Sons Inc. Washington, D.C. 20016

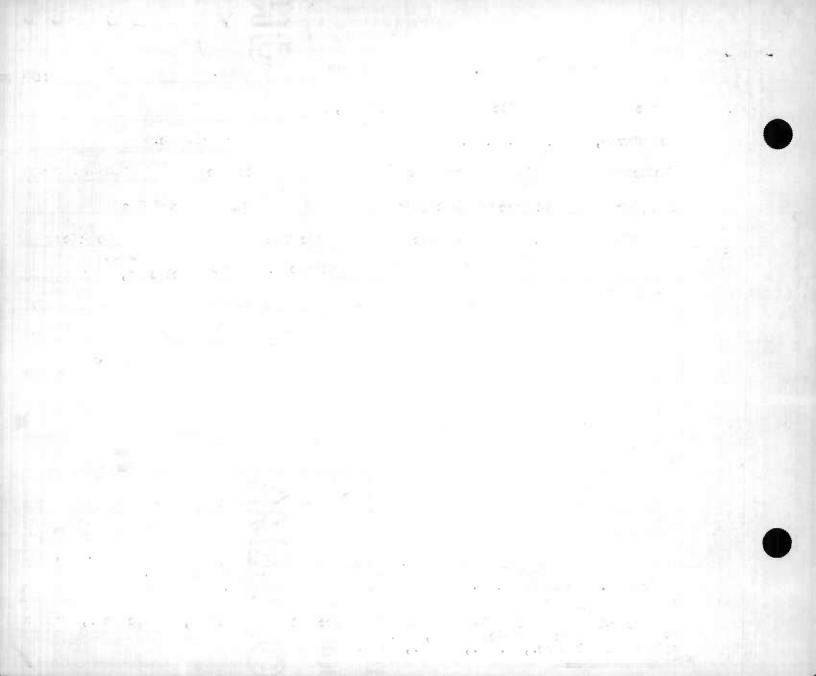
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Armos Z. Spring	i jes			

CANAL H. H. MOTHERS



3	1-	FOR STATE REGISTRAR	DEF	ARTMENT OF HEA	F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	GIENE 7 9	28351
Se de la company		CEASED NAME FIRST OR PRINT) SADIE	NMI		4RK	2a. DATE OF DEATH MON	1-1-79 315PM
ogeet irector, pours offer		FEMALE	WHITE	S DATE OF E	-20-1893	6. AGE (IN YEARS LAST BIRTHDA'	MONTHS DAYS HOURS MIN
deoth P funeral d thin 72 ha	C	TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUN USA 11. NAME OF HOSPITAL, N	WIDOWED		9 BALTIMORE CITY OR C	GOMERY MD
n by the e filed with	51	LVER SPRING	ALTHEAT ON	WOOD LAI	1. 1.1	(TYPE OF WORK FOR MOST OF WO	DRKING LIFE) INDUSTRY
rLAND 2 thin 24 ho ely filled should b	143a S	MD. 136 COUN MO.	ITY ITY OF	R SPRING	NO DECITY LIMITS?		YBROOK AVE
cuted with complete c	lés v	Michael VAS DECEASED EVER IN U.S. AR/	Near MED FORCES? 166 SOCIAL		Sarah INFORMANT	MIDDLE	Quick
LTIMOR		(ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 577-7	6-6435	WM.CLARK	(SON)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST., BA ne death certificat ne ortending physis emove carbon popy motion, or removol rtraumotic event, it		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CON	SEQUENCE OF a	tankstell	sufficience	Minutes.
es that the ned by the please returned, cree		couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON-	nay a	Thors Co	MINAL DISEASE OR CONDITI	
AL RECORD: The low requision. The permit The permit The lene prior to lows any injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION	NAS PERFORMED	20a AUTOPSY? 20	Orlhal Scomponeaty B. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES \(\square\) NO \(\square\)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ottending physician. Ifter this certificate has been sig os the burial-transit permit. Ther th and Mental Hygiene prior to be norded at Item 18 shows any injur	MEDICAL CE	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 218 INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	H DAY YEAR	1c. HOW INJURY OCCUR If LOCATION STREET	RED (ENTER NATURE OF INJURY IN CITY OR TOWN	ITEM 18, PART 1 OR PART 2) COUNTY STATE
DIVISOR OF THE NOTION OF THE NOTION OF THE NOTION OF HEALTH OF HEALTH OF HEALTH OF THE NOTION OF THE	~	WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospit sow the deceased alive on above (1) we'l field (due) of	ol) attended the deceased (from 9	, 19 7 6 that in (my) (our) opinion	death occurred on the date of	ond hour and from the couses stated
PITAL OR A by the hos the hos the hos the control of the control o		226. SIGNATURE James 226. RHYSICIAN'S NAME (TYPE OF	. Roberts	M.D.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 11. (1/79
TO HOSPIT TO HOSPIT TO FUNER hould be with the Six	22- 6		ROBERTS 1236 DATE	MID-		GIA AVE. S.L.	VER SPRING, MD.
BP	(Burial	11/5/79	Albany	Rural Cemet	ery Albany	New York
DHMH - 16 60M 1/75 (VR A 15 (4))	1	NAME ROCKVILLE	Pike Rockvi	ille, Mar	yland	V 0 5 19/9	REPORTS I DAK'S STANDING

March vane Learn Londolt Highs 11/5/79 Albany Mural Dometury Libany, Nov York
Lockwille Like Godeville, Nergland Helling Coleville





STATE OF MARYLAND

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(VRA 15, 4) 7/78

STATE OF MARYLAND



3	FOR T - STATE		STATE OF MARYLAND T OF HEALTH AND MENTAL	HYGIENE 9 2	8 3 6 3
	REGISTRAR 1. DECEASED NAME FIRST (TYPE OR PRINT) Fanni	MIDDLE	MINER'S CERTIFICATE LAST Cohen	OF ESTI-	11/17 79
PLEASE ECTOR PARES	3. SEX 4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 6. AG	E (IN YEARS IF UNDER 1 YR. IF UNDER 1 BIRTHDAY) MONTHS DAYS HOURS	R 24 HRS. 2c. DATE MO PRONOUNCED DEAD	11/17 ₁₉ 79 INTH DAY YEAR 11/17/79
	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) RUSS 1a	Time? 71 6	8 MARRIED NEVER MAR	RIED . SALTIMORE CITY OR CO	y County
A T C	ID CITY OR TOWN OF DEATH Olnev	11. NAME OF HOSPITAL, NURSING MENOT IN SUCH FACILITY GIVE STREET AND MONTH OF THE STREET AND MONTH OF	HOME, OR OTHER INSTITUTION PRESS Eneral Hospita	120. USUAL OCCUPATION (TYPE OF W	/ORK 12b. KIND OF BUSINESS OR INDUSTRY
21201 F ANY DE 2, AND 3 T 3 RETAIN CHOILD	USUAL RESIDENCE (IF IN NURSING HOME OF		ADMISSION) 13d. INSIDE (ITY LIMITS? YES NO	13. SIREEI ADDRESS 14508 Homecrest	Rd.
ATH ATH	John	Ducko		MIDDLE	Rubin
BALTIMORE, URS AFTER DE B. GIVE PAGE: WITH FORM PAGES 1 AN	No	120-26	-3937 Leonore h	ADDRESS (ritz 300 E. 40th	St. N. Y. C.
W. PRESTON ST., D WITHIN 24 HOL ENCIL IN ITEM 18 AMINIER ALONG	PART I DEATH WAS CAUSED IMMEDIATI Canditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last.	(b) DUE TO, OR AS A CONSEQUE (c)	exce of ENCE OF		BETWEEN ONSET AND DEATH
AL RECORDS, OULD BE EXE D "PENDING" HIEF MEDICAL	PART 2 OTHER SIGNIFICANT CONDITIONS CONTROL OF THE PART 2 OTHER SIGNIFICANT CONDITIONS CONTROL OTHER SIGNIFICANT CO		HE TERMINAL DISEASE OR CONDITION GIVEN IN P	ART 1 (a).	20. AUTOPSY?
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R. THE	2.22 Z	af the remains described above, he	d an Autapsy , Inspecti Suicide , Hamicide ,	Undetermined manner .	ny apinian
TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FO	EXAMINER'S NAME JOHN	Rogers M. D.	M.D	Seminary Rd, Sliv	ver Spring Md.
BP	Burial IN		David e Md. 1250 Date	23d. LOCATION CITY OR TOWN E I MONT QUE REC'D. BY REGISTRAR 25b. REGISTRA	
3203 DHMH- (VR A15 M 15M 7/	Danzansky-Goldber			10 V 2 1 1979 First	my Melhody

I to the same of the same of the MARKET CONTROL OF THE PROPERTY gned by the ottending physicion and completely filled in by the n please remove carbonpopers. Pages 1 and 2 should be filled in

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon pape, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

V	1.	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE / 9		8 3	5 4
X		CEASED NAME FIRST	MAY MIODIE		C	ONLON	20. DATE OF DEATH		7 9 21	LA PM
	3. SE	X EMALE	4 RACE WHITE		5. DATE C	23, XXXX 1884	6 AGE (IN YEARS LAST BIR			UNDER 24 HRS
75	F	IRTHPLACE (STATE OR FOREIGN OUNTRY) PENNSYLVANTA ITY OR TOWN OF DEATH	U.S.A.		WIDOWE	DI NEVER MARRIED DI DI NEVER MA	9 BALTIMORE CITY C	GOMERY		MD.
90	RC	OCKVILLE AL RESIDENCE (IF NURSING HOME OF	POTOMAC I	VALLEY	NURS 7		(TYPE OF WORK FOR MOST OF HOUSEWI	F WORKING LIFE)	12b. KIND OF E	BUSINESSOR
25	13a S MA	STATE 136 COUN	VTY 13c C	HEVY CH	١. ١	13d. INSIDE CITY LIMITS? YES X NO 15 MOTHER'S MAIDEN NA	13e. STREET ADDRESS 3519 TUR	VER LAN	IE	
150				VANS	NITY NO	FIRST SUSAN	MIDDLE	ESS	EVEREL	L
1			E WAR OR DATES)	SOCIAL SECUR	KITT NO.	JOHN CONLON	SAME AS		SON	
month, or other recommend	Z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTR	a consequei	NCE OF	NOT RELATED TO THE TERM	inal disease or con	DITION GIVE	N IN PART 1(0)	
9	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION	FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING ING CAUSES OF	
20		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)			Y YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	RT I OR PART 2)	
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и пет с		22a.1 certify that Muhis hospi saw the deceased alive an above. (h) (ag) (did) (did 22b. SIGNATURE	or view the body ofter WEya	19.7		f	deoth occurred on the d	FF	/	
M I		James C	1	gn		54/3 C	edar L	n Bz	eth esolo	, my
		BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 11/15/			OF HFAUFN	23d. LOCATION CITY OF TOWN		VIANO.	STATE

GATE OF HEAVEN

DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital

74 FUNERAL DIRECTOR FRANCIS J. COLLINSORESS 500 UNIV. BLVD, W., SILVER SPRING, MD. 20901

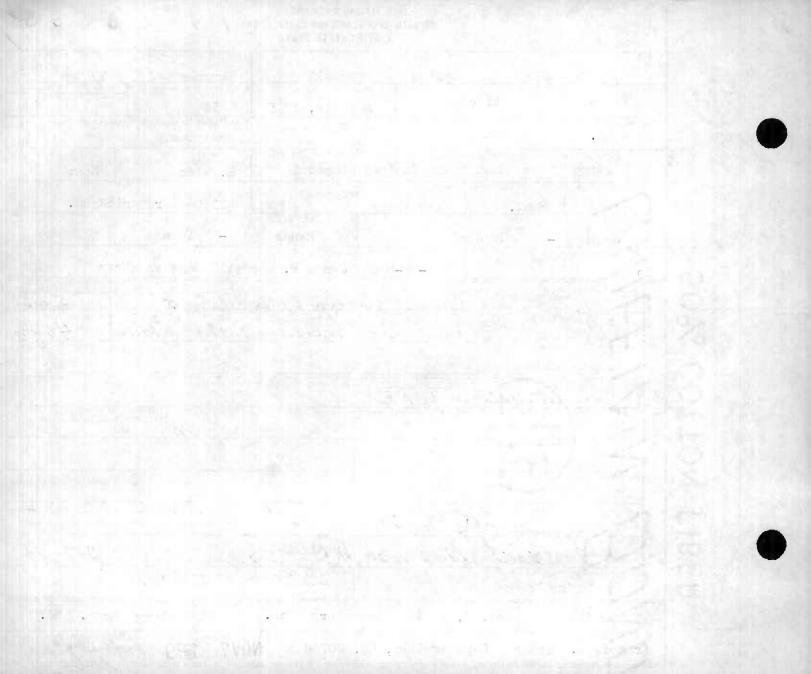
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SILVER SPRING 250. DATE REC'D. BY REGISTRAR 25 NOV 1 5 1979

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STATE OF MARYLAND



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	. DEC	EGISTRAR EASED NAME	FIRST	MEL	MIDDLE		LAST	20 DATE KNOV	G. NO.	DAY YEAR	2b. HOUR
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3	SEX Fe	emale W	hite	DATE OF BIRTH	YEAR LAST BIRTH	DAY) MONTH		ER 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH	27 19 79	12 HOUR
73		THPLACE (STATE CEIGN COUNTRY) Canada	DR 7	LO USA		8. MARRIE	ED NEVER MAI		gomery C	TY OF DEATH	MD
0	F	Y OR TOWN OF D		276 New	PITAL, NURSING HOM HITY, GIVE STREET ADDRESS Mark Espla	anade	er institution	120. USUAL OCCUPATIO FORMOST OF WORKING LIN Secreta	N (TYPE OF WORK	12b. KIND OF BU OR INDUST	ISINESS RY OVt.
5	JSUA 30.ST	RESIDENCE (IF IN ATE		other institution, giv	Rockvil		13d. INSIDE CITY LIMITS	2/6 New I	Mark Es	splanad	le
1	J	THER'S NAME			scoign		15. MOTHER'S MA Margai	cet		Shaw	
1	6a. W (YE:	AS DECEASED EVE S, NO OR UNKNOWN)	(IF YES, GIVE, WA		Not kno		Walter	B. Counts	Same a	as Item	13
		Canditians, if gave rise to cause (a) statilying cause la	MAS CAUSED E IMMEDIATE F any, which a immediate ing the under- st.	BY: CAUSE (a) DUE TO, OR A (b) DUE TO, OR A	Pneumoni AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TER	OF	DR CONDITION GIVEN IN	PART 1 (a).		APPROXIMATI BETWEEN ONSE	T AND DEATH
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1	TIFICATION	19a. DATE OF OPE	RATION	19b. CONDIT	ON FOR WHICH OPE	RATION WA	AS PERFORMED?			20. AUTOPSY	NO []
1	Ū	190. DATE OF OPE 210 EXTERNAL CA UNDERLYING CONTRIBUTING	USE WAS	21b. TIME OF HOUR A.M.		21c. HO		RED (ENTER NATURE OF INJURY IN I	ITEM 18 PART 1 OR PAG	YES 🛣	
3	DICAL	210 EXTERNAL CA	USE WAS OR CAUSE OF DE	21b. TIME OF HOUR A.M. ATH P.M. 21e PLACE O	INJURY MONTH DAY YEA	21c. HO	W INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I CITY OR TOWN		YES 🛣	
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	MEDICAL	21a EXTERNAL CA UNDERLYING CONTRIBUTING [21d. INJURY OCCU WHILE NC AT WORK AT 22a. I certify the death resulted fro	OR CAUSE OF DE URRED OT WHILE WORK OT I took charge on: Natural	21b. TIME OF HOUR A.M. P.M. 21e PLACE O STREET, FACTO af the remains desc	INJURY MONTH DAY YEA 19 FINJURY (ATHOME. ORY, FARM, ETC.)	21f. LOC ST Autaps: uicide	EATION REET Manicide TITLE (SPECIFY)	tian , Inquiry , Undetermined manner B.nt MEDICAL EXAMINER	and in my ap	YES IX UNITY Sinian 11/27/	NO STATE

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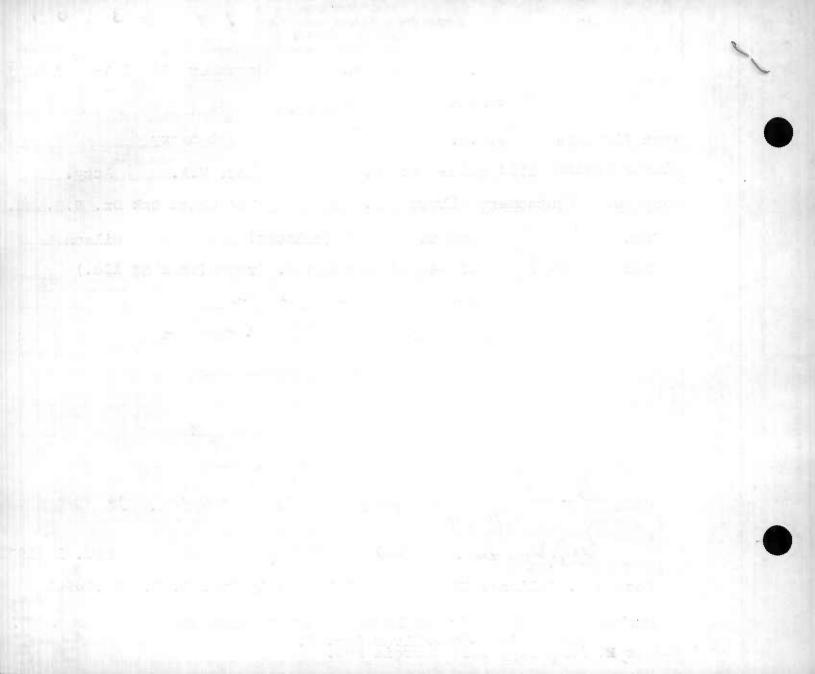
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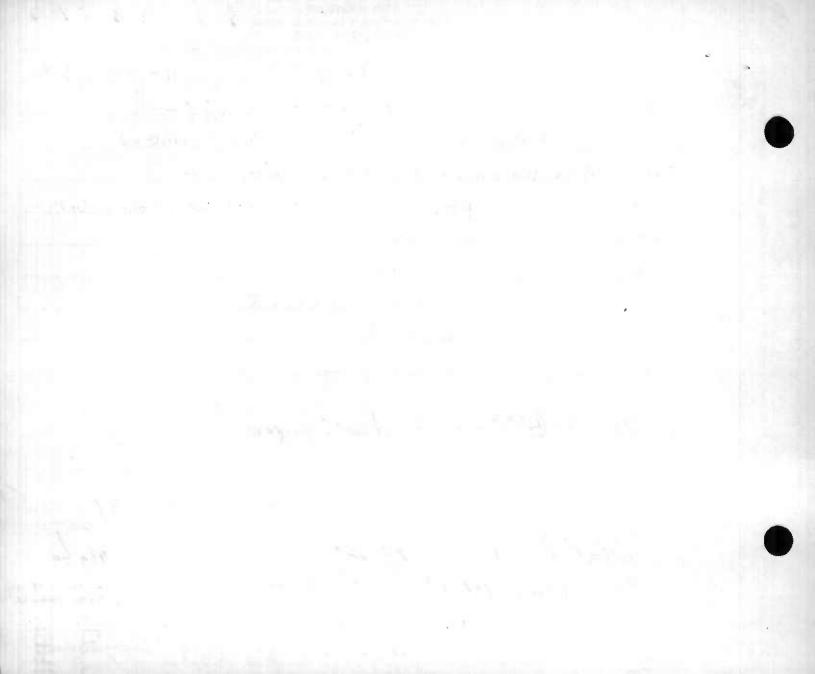
(VRA 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR CERTIFICATE OF DEATH REG. NO LAST 2a DATE OF DEATH MONTH 2b. HOUR CREECY Nov. 1979 D . M 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH MONTH YEAR 55 April 6 1924 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED Montgomery WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 2604 Montclair Drive Same Homemaker 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Silver Springes [12604 Montclair Dr. SS Md. NO 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Emma Stand ADDRESS 17 INFORMANT Wm. E. Creecy, 12604 Montclair Dr BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) 21f. LOCATION CITY OR TOWN COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 77c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAIN-DIRECTOR PHYSICIAN 22e ADDRESS 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 250. DATA REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 254 Carrall De NW OX

Commence of the contract of th TYPE 8 . WOLL THE Penalis united to the second s Standard 111 Control of the Control Child to will be a switched to be to the to the total and Dominion I. . Doltemolor | toma | Stand | Stand | Stand to ... 12604 Contains D. Crosov, 12604 Contains Del.

1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH	H MONTH DAY YEAR 26 HOUR
(TYPE OR PRINT)	20 7000 77 70 7
John D. Crogan November	N. Carrier M.
Male Caucasian S DATE OF BIRTH MONTH DAY 18, 1898 81	T BRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ARRIVED WEST Virginia U.S.A. WIDOWED DIVORCED MONTGO	OMETY MD.
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH RECEIT ADDRESS) 12. USUAL OCCUP (ITYPE OF WORK FOR MC	OST OF WORKING LIFE) INDUSTRY
USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 130 STATE 130 STREET ADDRE	
USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. STREET ADDRE 7. 20 20 20 20 20 20 20 20 20 20 20 20 20	ite Oak Dr. S.S.,Md.
IL FATHER'S NAME	
The first middle control (unknown)	Wilson
10 NOTE OF THE PROPERTY OF THE	DDRESS
Yes Nord Just Special Security NO. 17 INFORMANT YES NO ROTHNINGWN) 18 YES, GIVE WAR OR DATES) Yes NO ROTHNINGWN) 18 YES, GIVE WAR OR DATES) Yes NO ROTHNINGWN 18 YES, GIVE WAR OR DATES) Yes WW 1 216-44-4364Rosalyn D. Crogan (s	same as 13e.)
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) aculi Caudio vas cular callo free IMMEDIATE CAUSE (o) aculi Caudio vas cular callo free IMMEDIATE CAUSE (o) aculi Caudio vas cular callo free IMMEDIATE CAUSE (o) aculi Caudio vas cular callo free IMMEDIATE CAUSE (o) aculi Caudio vas cular callo free IMMEDIATE CAUSE (o) aculi Caudio vas cular callo free IMMEDIATE CAUSE (o) aculi Caudio vas cular callo free IMMEDIATE CAUSE (o) aculi Caudio vas cular callo free IMMEDIATE CAUSE (o) aculi Caudio vas cular callo free IMMEDIATE CAUSE (o) aculi Caudio vas cular callo free IMMEDIATE CAUSE (o) aculi Caudio vas cular callo free IMMEDIATE CAUSE (o) aculi Caudio vas cular callo free IMMEDIATE (c) aculi Caudio vas cular callo free IMMEDIATE	
MMEDIATE CAUSE (0)	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (16) should company after disease	
Conditions, if ony, which gove rise to immediate	
The property of the property o	
(c)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR C	CONDITION GIVEN IN PART 1(6)
THE CONDITION FOR WHICH OPERATION WAS PERFORMED 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?
YES NO TO THE PROPERTY OF THE	
THE STATE OF THE S	FINJURY IN ITEM 18, PART 1 OR PART 2}
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WHILE NOT WHILE NOT WHILE AT WORK AT WORK AT WORK	/
220.1 certify that (1) (this haspital) attended the decreased from 19 19 19 10	/30 , 19 / , that (I) (we) last
Zu o o o o o o o o o o o o o o o o o o o	he date and hour and from the causes stated
Soon the Because of the Body offer deeth. 225. SIGNATURE 226. SIGNATURE DEGREE	22c. DATE SIGNED
O O YOU ATTENDING MEDICAL	STAFF Dec. 1, 197
PHYSICIAN DIRECTOR PH	TYSICIAN DECO. 27 23
27 ADDRESS 27 ADDRESS 27 ADDRESS 28 ADDRESS 28 ADDRESS 28 ADDRESS 28 ADDRESS 28 ADDRESS 28 ADDRESS	COOOC EM D D
Doseph M. Bollmas, Mb 5001 Geolgia mve.	
23d. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	COUNTY STATE
BP Burial 12-5-1979 Maplewood Cemetery Kingwo	
	RAR 250 REGISTRAR'S SIGNATURE
OHMH-16 20M (VRA 15, 4) 7/78 Warner Pumphrey, 8434 Georgia Ave.	13/13



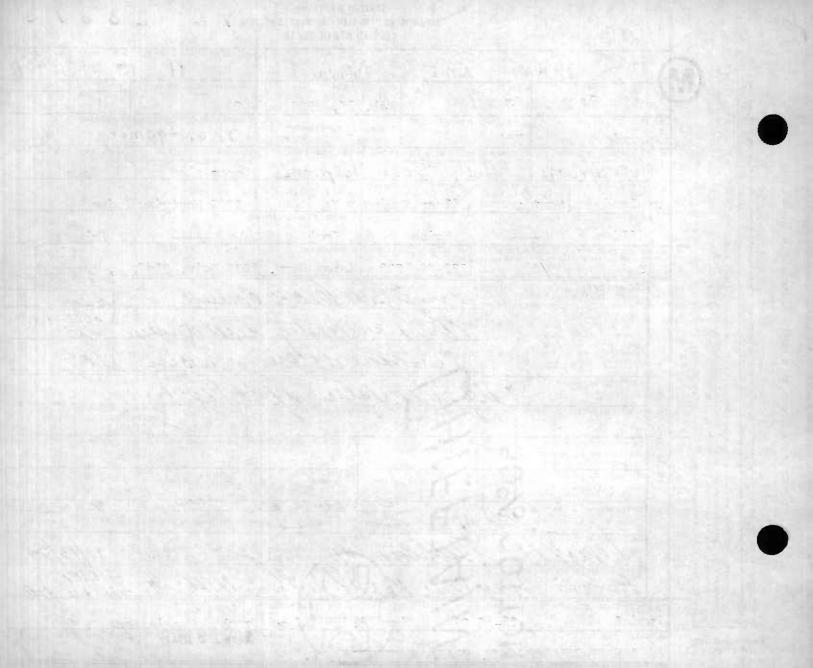


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-M= 59 Lae. IF UNDER 24 HRS 5. DATE OF BIRTH Jan. 30, 1917 624RS 9 BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Mississippi WIDOWED X DIVORCED Bethesda Westlake Dr. Ret. Med. Librarian HEW USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Montg. Md. Bethesda YES NO 10320 Westlake Dr. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Robert Lee 310空中的gford 1Ah SOCIAL SECURITY NO Midland, Texas 428 07.1174 Roberta Rhodes Coronary Insufficiency Acute 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in Ne+Chronic. Alcoholism-19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? NO X 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR LINDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE Inspection 2 22a. I certify that I took charge of the remains described obave, held an Autopsy ond in my opinion Homicide Undelermined manner Suicide Bethesda, Md. John G. Ball EXAMINER'S NAME 7936 Old Georgetown Rd. 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Metropolitan Crem. Dec. 3.1979 Alexandria. Va Cremation DEC6 1976 Robert A DORES Pumphrey Funeral Homes, P.A. VR A15 ME (5) Bethesda, Md. 15M 7/76

To the best of the state of the turn . bullet . boom abredet live .com . D. Tieselle . De tingstis. 10. in house reach 610 grove First than the midel Wilson I. T. 1970 Companies of the Association of t Hones, ..h. Hothesda, ..h.

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10	1	FOR STATE			DEPARTMENT					8 3	1 6
7		REGISTRAR		ME	DICAL EXAM	INER'S	CERTIFIC	ATE OF DE	ATH REG. NO	0.	
	T.	DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE		LAST		20. DATE KNOWN	MONTH DAY	YEAR 25 HOUR
(BA	1	(TEPE OR PRINT)	Emma.		В.	Do	niels		OF ESTI-	7	19 79 6:00
E TANK	3	SEX 14.	RACE	IS. DATE OF BIRTH	I6. AGE (IF UNDER 24 HRS		Nov. 24	
			70	MONTH DAY	YEAR LAST BI			HOURS MIN.	PRONOUNCED		YEAR 24 HOUR 1:25
2 0 0 V 0	100		Mite	Aug. 29,	1907 72	YRS.			DEAD Nove	ember 24,	19 79 P. M
A TAKE	1111	BIRTHPLACE (STATE		76 CITIZEN OF W	HAT COUNTRY?	8. MAF	RRIED NEVE	ER MARRIED	9. BALTIMORE CITY C	OUNTY OF	EATH
AN SERVE	71	Vashingtor	1, D.C.	U.S.A			WED 🔀	DIVORCED [Montgomery	County	MD.
AY IS THE F	10	CITY OR TOWN OF	DEATH	11. NAME OF HOS	SPITAL, NURSING HE	OME, OR O	THER INSTITUTI	ION 120. U	SUAL OCCUPATION (TYP	E OF WORK 12b. KIN	ND OF BUSINESS
20 4 W	00	Cakoma Pai	·k	7051 Cai	rroll Aver	1116		H	R MOST OF WORKING LIFE)		n industry Iome
A DELV	U	SUAL RESIDENCE (IF	N NURSING HOME C	R OTHER INSTITUTION, GI	WE RESIDENCE BEFORE AD	MISSION)		110	JUSCWIIC	1 11	Oute
ANY AND AND RETA	40.35	STATE	13b. COUN		13c. CITY OR TOW		13d. INSIDE CITY		REET ADDRESS		
21201 IF AND 3 RETAIN SHOULD RECORD		Maryland	Monte	comery	Takoma I	ark	YES)51 Carroll	Avenue	
1 P 3 S 1 P 2 S 1 P 3 S 1 P 3 S 1 P 3 S 1 P 3 S 1 P 3 S 1 P 3 P 3 P 3 P 3 P 3 P 3 P 3 P 3 P 3 P	ien	FATHER'S NAME		MIDDLE	LAST		15. MOTHER	ST MAIDEN NAM	MIDDLE .	1.7-3.77	LAST
NE. M R DEAT RM PW AND OF-U	204	Jacob		00	Bruegger	•	Ann	a.		Siebe	
MORE, HER DE FORM 55 LAN	16	WAS DECEASED E	VER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SECU	RITY NO.	17. INFORMA	ANT	ADDRESS		
BALTIMORE, MD. 2120 RS AFTER DEATH IF AN GIVE PAGES 1, 2, AND WITH FORM PM, 3, RET WITH FORM PM, 3, RET WITH SON OF WITH FECT		No	Non		579-24-5	1943	Ermes	t. Bruege	er 248 Oak	Rd Armo	Id Mamil
BALTIN URS APT WITH P PAGE DIVISIO		18. CAUSE OF D			for (a), (b), and (c).		1	o Dadone	or Elo our		PPROXIMATE INTERVAL DO
0		PART I DEAT	H WAS CAUSED	D BY:	cute myoca		diseas	0		BETW	VEEN ONSET AND DEATH
PRESTON ST FITHIN 24 H CIL IN ITEM ALCHO ANSIT PERM AL HYGENE		1420	IMMEDIA1	E C1100E (0)	AS A CONSEQUEN		albeab				
15 전 프로 등 등 도 기 등 로 등 등 도	2	Canditions.	if any, which	DOE 10, OK	A3 A CONSEQUEN	CL OI					
A FARESTA	BEMOVA	gave rise	to immediate	(b)							
A CAR		lying couse	oting the under-	DUE TO, OR	AS A CONSEQUEN	CE OF					
S, 301 W. PREST CCUTED WITHIN THE EXAMINER IN BURIEL REVENER IN BURIEL REVENER WITH MANGE WITH MANGE WITH MANGE WITH MANGE WITH WANGE WITH WANG	0			(c)							
DIVISION OF VITAL RECORDS, 30 S CERTIFICATE SHOULD BE EXE RITING THE WORD "PENDING" IN ROED TO THE CHELF MEDICA F. 3 SHOULD BE USED AS A BUR E DEPARTMENT OF HEALTH AND	0		FICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISE	ASE OR CONDITION (GIVEN IN PART 1 (a).			
CORD BE EX NDING MEDIC AS A ALTH A	TAN S	None		None							
TAL RECHOULD RED "PEI CHIEF A	CRE	190 DATE OF OI	PERATION		TION FOR WHICH C	PERATION	WAS PERFORM	ED?		20. A	UTOPSY?
50177	F	None									ES NO X
DF VITA NTE SHC WORD WORD HE CH D BE UI	BURIAL,	210 EXTERNAL	AUSE WAS	21b. TIME OF	IN ILIRY	214	HOW IN IURY C	CCHPPED (ENTE	NATURE OF INJURY IN ITEM 18		res No X
Z F F F F F F F F F F F F F F F F F F F	0		OR	HOUR A.M	MONTH DAY Y	EAR		CCORRED (EIVIE	THE OF HADRI IN TEM 151	PART I OR PART 2)	
SION STIFK G TF TO SHOU	OR I	CONTRIBUTING				011.6	00171011	None			
DIVISION WRITING ARDED (GE 3 SINTE DEP.)	PRE	CONTRIBUTING 21d. INJURY OCC	OKKED		OF INJURY (AT HOM TORY, FARM, ETC.)	ξ, 211. L	OCATION STREET		CITY OR TOWN	COUNTY	STATE
HIS WR	102	WHILE AT WORK	TWORK								
DIVISION OF VIT BIVISION OF VIT THE CERTIFICATE SHOTE ORWARDED TO THE CORWARDED TO THE R. PAGE 3 SHOULD BE E STATE DEPARTMENT OF	213			e of the remains des	cribed abave, held a	n Auto	nev 🗍	Inspection .	Inquiry X, an	d in my apinion	
AMINER: TIFICATE BE FOR ECTOR: TH THE S	MARYLAND	death resulted		of structure X	Accident					а ін ту орінюн	
AMIR RTIFING BE RECT	Y LA	death resolled	Tom: Nator	OI EROUNT LAN.	WEDDEN!	Suicide L		Man	etermined manner,		
EXA CERT DIRE DIRE	A A R	ACTUAL /	/	00	11		TITLE (SPE			DATE 3	- 106 1
CAL THE SHC RAL	E.	SIGNATURE	-	-	1		M.D. Depu	tyME	DICALEXAMINER	SIGNED	1/26/79
P P P P P P P P P P P P P P P P P P P	O Y	EXAMINER'S NA	ME -								Mont.
EC.	È	(TYPE OR PRINT)	J	ohn S. Ro	gers, M.D				inary Rd. S	ilver Sp	ring, Md.
TO MEDICAL EXAM EXECUTE THE CERTI PAGE A SHOULD ET TO FUNERAL DIREC AFTER DEATH, WITH	23	BURIAL, CREMATIC	N,REMOVAL 2	3b. DATE	23c. NAME OF	CEMETERY	OR CREMATOR	23d. L	OCATION Y OR TOWN	COUNTY	STATE
/ / / BP	1	Removal		Nov/26/79	George	town	Medical	School	Washingto	n. D.C.	
DHMH - 17		FUNERAL DIRECTO	R	ADDRESS			25	o. DATE REC'D.	Y REGISTRAR 256 REGI	STRAR'S SIGNAT	URE /
. (VR A15 ME (5)	())		uneral		verdale, M	arv] a	nd	MUJ	Y REGISTRAR 25b. REGI	harred	7
13/11////						7 3.00		Sh Gala	4 9		

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				(85 Mb SA)
			The state of the s	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR - STATE

STATE OF MARYLAND

45 YRS

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH 2h HOUR November 12, 1979 9:30 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH

1. DECEASED NAME Mario Dias Domingues da Silva 4. RACE

SEX Male

White

Brazil

MONTH August 3, 1934 Th CITIZEN OF WHAT COUNTRY?

WIDOWED [

MARRIED MINEVERMARRIED

BALTIMORE CITY OR COUNTY OF DEATH

Montgomery County, 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Brazil

Militaty Officer Armed Ser.

NAME OF HOSPITAL, NURSING HOME OR THER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Bethesda Clinical Center, Bethesda, Md. 20205 USUAL RESIDENCE (IF HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 1136 COUNTY 1131, CITY OR TOWN

D. C.

13d INSIDE CITY LIMITS? Washington

daSilva

YES X 15 MOTHER'S MAIDEN NAME Etelvima

4000 Albemarle N.W. #2

Dias Domingues

daSilva

4 FATHER'S NAME Laure

No

REGISTRAR

TO. BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

Brazil

60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

Domingues

18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and ic)

None

17. INFORMANT Col. Agisse Bahia, Brazilian Embassy.

13e STREET ADDRESS

59	9 A)
Conditions,	if any, which	,
	to immediate	
cause (a),	stoting the	3
underlying	cause last	

PART I. DEATH WAS CAUSED BY

Gram repative preumonia, sentic embo

Pseudomones urinary insection

NO T

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Tailune amyloidosis

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d IN ILIRY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 211 LOCATION

with shock, ardiac arrest

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE to November 12, 19 79, that w (we) last

22c. DATE SIGNED

220 (certify that X (this haspital) attended the deceased from October 9 sow the deceased alive on November 12. obave, X (we) (did) (XXXI) view the body ofter death 77% ATTORNATURS

19 79

PHYSICIAN DIRECTOR PHYSICIAN

Nov. 12.1979

23a BURIAL CREMATION REMOVAL

23c NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

Clinical Center, Bethesda, Md 23d. LOCATION

National Institutes of Health

CITY OR TOWN

Burial/Removal

CERTIFICATION

MEDICAL

a

à

and Mental urial-t

8

20

MPORTANT

24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc. 5130 Wisconsin Ave., N.W. Wash. D.C.

DHMH - 16 50M 1/76 (VR A 15 (4))

21e PLACE OF INJURY

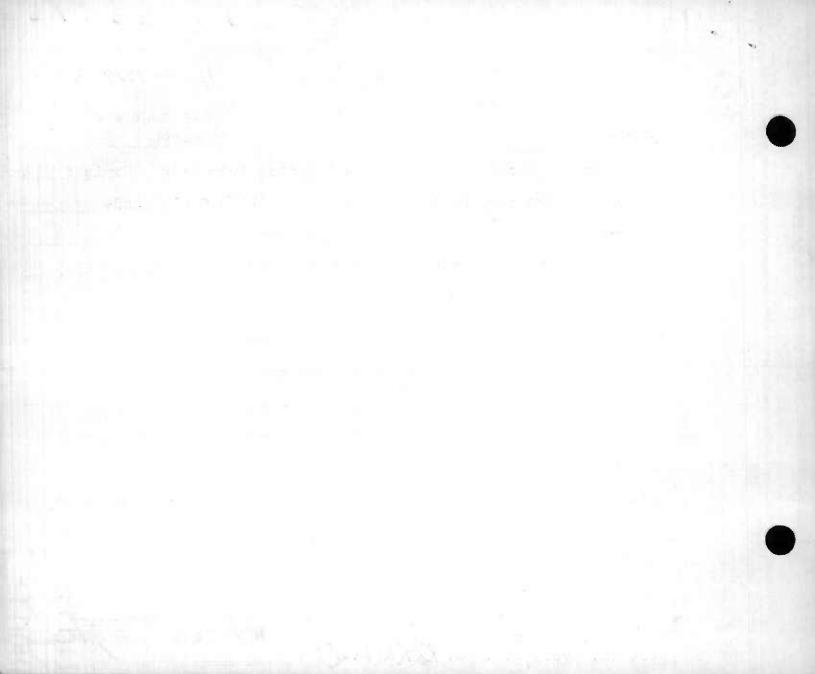
Nov. 13, 1979 S. Joad Baptista Cem.

Rio de Janeiro, Brazil

19. 79... and that in (n) (our) opinion death accurred on the date and have and from the causes stated

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C. L. W. Almost construction



njury, or other troumatic event, th

IMPORTANT: If Item 21 is marked at Item 18 shews any

	JIAIL OF MARILAND
OR	DEPARTMENT OF HEALTH AND MEN
STATE	CERTIFICATE OF DEA

STATE OF MARYLAND TAL HYGIENE

8

	REGISTRAR		CEKI	IFICATE OF DEATH	REG. NO.		
	1. DECEASED NAME (TYPE OR PRINT) Sara		Aun.	Davis	2ª DATE OF DEATH MG	DAY YEAR 14 79	5 15 AM
	3. SEX	4 RACE		OF BIRTH NTH DAY YEAR	& AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	IF UNDER 24 HRS
	Female	Black	Aud		58	YRS MONTHS DAYS	HOURS MIN
į,	7a BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR		
5	Virginia	USA	WIDO		MON	+	MD.
1	10 CITY OR TOWN OF DEATH	Was	HOSPITAL, NURSING HOME HEACHLITY, GIVE STREET ADDRESS! NINGTON AC	ventist Hosp	120 USUAL OCCUPATION		F BUSINESS OR
1	USUAL RESIDENCE (IF NURSING HOME C 130 STATE 130 COU	NTY TITUTION	GIVE RESIDENCE BEFORE ADMISSIO 134. CITY OR TOWN	N) 13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
þ		angley		YES NO		Hampshire	Ave.
4	14. FATHER'S NAME	MIDDLE	1453	15. MOTHER'S MAIDEN NA			
7	Charlie Poir	dexter	LAST	Flor	a Markin	LAST	
	160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY NO	. 17 INFORMANT	ADDRESS	5	
1	(YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES}	223 22 05	77 Jasper D	avis-Husba	nd-8206 Ne	7476
V.	18 CAUSE OF DEATH (Enter o	-1		// Cabper b	AVIS HUSBU	Hampsin	
	PART I. DEATH WAS CAUS	ED BY	Marlar sall	carcinoma.	CALL LUNG	with	MAN I SIND DESAM
	1629 Conditions, if ony, which	DUE TO, O	RAS A CONSEQUENCE OF		and liver	,	nos.
	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, O	R AS A CONSEQUENCE OF	10 10 10	1 201120 11001		, ,
1		(c)					
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TER!	MINAL DISEASE OR CONDI	TION GIVEN IN PART 110	,1
	None 190 DATE OF OPERATION June 1979 210. ACCIDENT WAS UNDERLYING	10h COND	ITION FOR WHICH OPERAT	IONI WAS BEREODATED	20g AUTOPSY?	20b. IF YES, WERE FINDIN	ICC HCED
)	June 1979			ION WAS PERFORMED		IN CERTIFYING CAUSES	OF DEATH?
	Jane 1479	Abo Y		Ta: 110111 h 111101 a cour	YES NO X	YES [NO 🗆
1	21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED	ATH HOUR A.	M. MONTH DAY YEA	R	RRED (ENTER NATURE OF INJURY I	IN ITEM 18, PART 1 OR PART 2)	
	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	WHILE NOT WHILE AT WORK	(ATTIOME, STE	CET, FACTORY, OFFICE, FARM, ETC./	1			JIAIL
	22a. I certify that (I) (this hasp	ital) attended th		19 79	10 NOV. 1	4 19 79	hot (I) (we) last
	sow the deceased alive a above, (1) (we) (alid) (did n		13 19 79	and that in (my) (even) opinion	deoth occurred on the date	e and hour and from the a	couses stated
	22b. SIGNATURE	or) view the Body		DEGREE		22c. DATE S	SIGNED
	Mulling	t. Lim	par, me	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	N 11/14	4/79
	Villiam F. S	orphist) (MD	8706 N. H. A	he, 51/1. Sy	or. md 209	103.

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERALDIREC NAME Stewart Funeral

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

23b. DATE

Fort Lincoln cem AATORY 23d LOCATION CITY OF TOWN PROPERTY Brentwood, Maryland REGISTRAR 25b. REGISTRAR 5 5 15 NATU Benning Road, NE

This is the source of the state nd duta-inad-v - irri ressate Svan 60 236 ki sama ba malesant, on the same of the property of the Charles and the Charles of the Control of the Contr

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YES TH

DEGREE

17. INFORMANT

REG. NO. TASE 20 DATE OF DEATH MONTH 2b HOUR 12:40Am de Bor November 30, 1979 IF UNDER 1 YEAR IF UNDER 24 HRS 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) MONTH HOURS Sept. 8. 1895

BALTIMORE CITY OR COUNTY OF DEATH MARRIED ENEVER MARRIED

Montgomerv

12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Geodesist Army Man Ser

136. INSIDE CITY LIMITS? 13e. STREET ADDRESS

6424 Broad Street NOF 15. MOTHER'S MAIDEN NAME

MIDDLE FIRST Tlona

Racz ADDRESS Wife - Clara de Bor - Same as

DIVORCED

20a AUTOPSY?

LAST

APPROXIMATE INTERVAL

20b. IF YES, WERE FINDINGS USED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101

NO

IN CERTIFYING CAUSES OF DEATH? YES T

214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

211. LOCATION

COUNTY STATE

NO T

and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated 22c DATE SIGNED

CITY OR TOWN

PHYSICIAN FORECTOR PHYSICIAN 22e. ADDRESS

4701 Mass. Ave., N.W., Wash. D.C 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

MEDICAL

ATTENDING

COUNTY

STATE

Washington 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DeVol Funeral Home DHMH - 16 25M Washington, D.C.

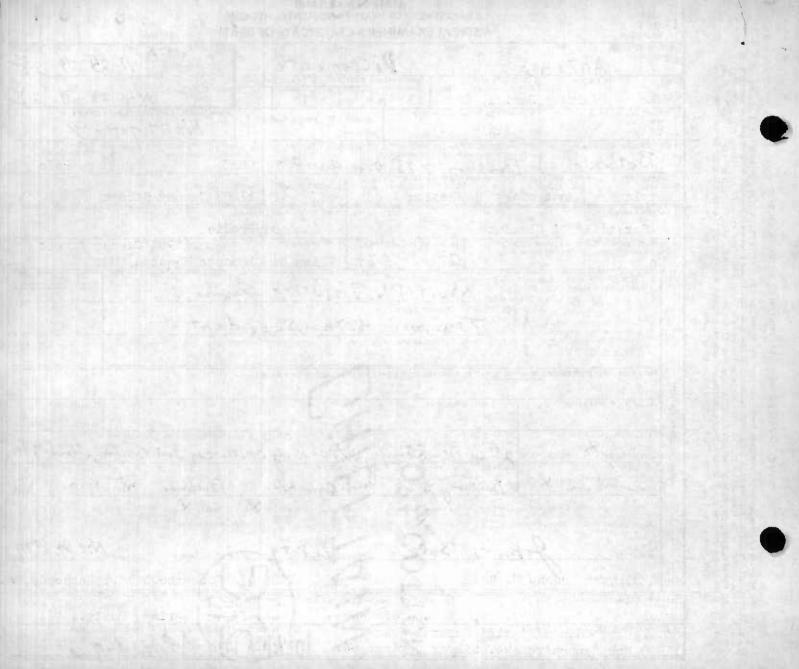
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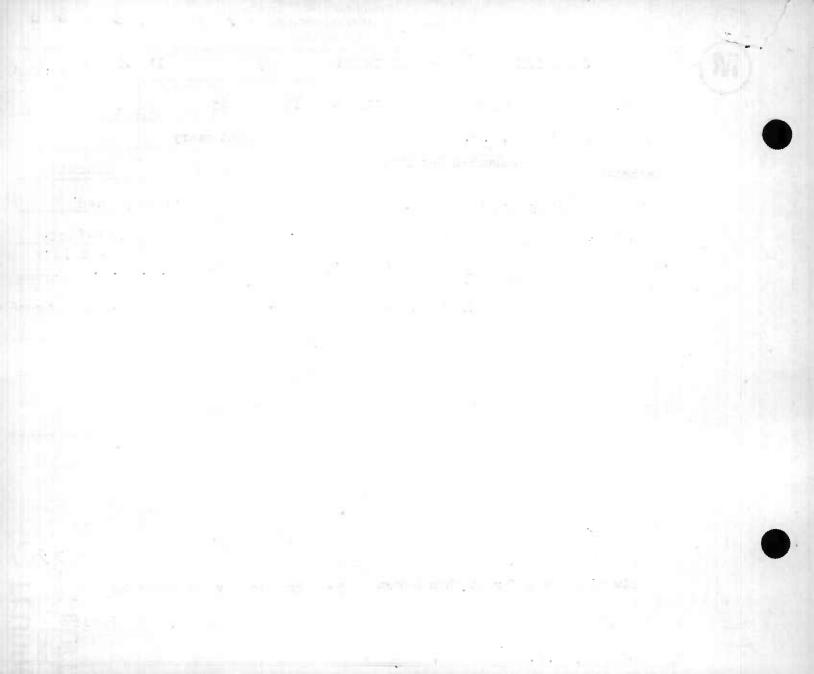
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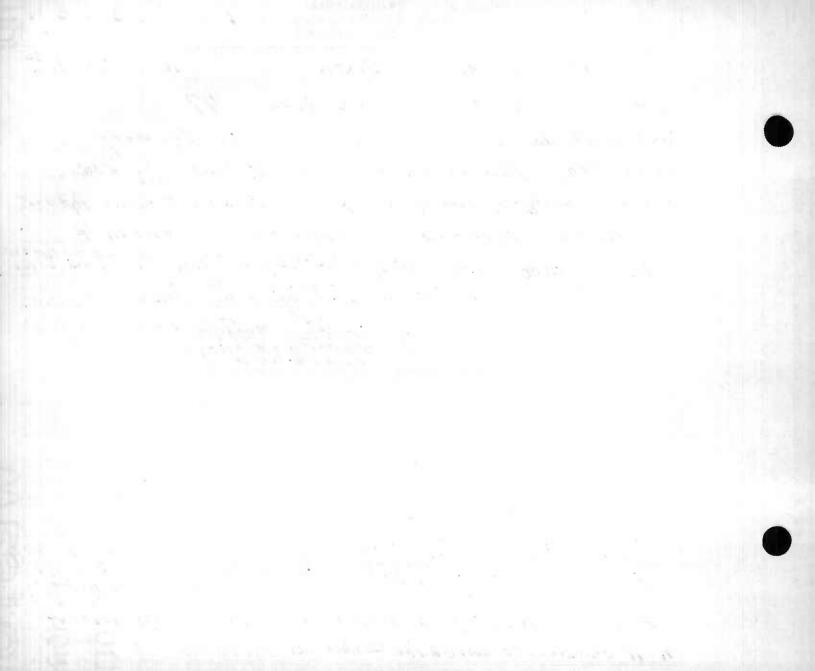
10-7			STATE	OF MARYLAND		do dh	-2 /2 /
	FOR 1 - STATE		DEPARTMENT OF HE	ALTH AND MENTAL H	YGIENE ()	2 8	3 3
	REGISTRAR	MEI	DICAL EXAMINE	R'S CERTIFICATE O	F DEÁTH .	REG. NO.	
	1. DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE KNO		DAY YEAR 26 HOUR
28.55.	(TYPE OR PRINT)	TENIE	Di	Clemente	OF EST	TI	5 1079 2 30 M
2000	3. SEX 4 RAC	5. DATE OF BIRTH	6. AGE (IN YEARS	IF UNDER 1 YR. IF UNDER		MONTH	DAY YEAR 24. HOUR
	Male Wh		45 34 YRS.	MONTHS DAYS HOURS	MIN. PRONOUNCED DE AD	Nov. 2	5 1979 2 Am
が最終を並らて	FOREIGN COUNTRY)	THE SA LESS OF	IAI COUNTRY?	MARRIED X NEVER MARRI	ED . SALTIMORE	CITY OR COUNTY	OF DEATH
AND AND A	Italy	Italy	V	VIDOWED DIVORC	ED 🗆 NO	UT Gom-	ATY MD.
AY IS THE AGE 700	10. CITY OR TOWN OF DE		PITAL, NURSING HOME, C	OR OTHER INSTITUTION	120. USUAL OCCUPATIO		OR INDUSTRY
	13 et/resol	URSING HOME OR OTHER INSTITUTION, GIV	my 4950	un-Gons one.	Chef		aro Polo
LIF ANY DEI 2, AND 3 TG 3, RETAIN 1, RECORDS,	Maryland	13b. COUNTY Montgomery	Mheaton	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 11908 Garn	er Street	
- 5.5.5	14. FATHER'S NAME			IS. MOTHER'S MAIDE	NNAME		
X [55 5 5]		o Di Clemente	LAST		Profio		LAST
MORE FIER DE FORM SS 1 AN	160. WAS DECEASED EVER (YES, NO, OR UNKNOWN)	IN U.S. ARMED FORCES?	166. SOCIAL SECURITY N	IO. IT. INFORMANT	140	908s Garner	Street
URS AFTE B. GIVE P WITH FC PAGES DIVISION	No		220-78-80	69 Elisa Di	Clemente Wh	eaton, Md.	
200	18 CAUSE OF DEAT	TH (Enter only one couse per line VAS CAUSED BY:	for (o), (b), and (c),)	Trainsies	C.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TON ST. 1 ZA HO 1 TEM 1 ALONG 7 PERM! 1 GIENE,	0129	IMMEDIATE CAUSE (a)	1/10/11/14	. 117 011 13	-evera -		
PRESTON VITHIN 24 CIL IN TEA CIL IN TEA ANSIT PER AL HYGIE AOVAL.	78/01/		AS A CONSEQUENCE OF	6	1 1		
W. PREST D WITHIN ENCIL IN AMINER TRANSIT ENTAL HY REMOVAL	Conditions, if a		raume -	AOTO Ace	ei dent		
TED WIT V PENCH X XAMINE XALTRAN MENTAL	cause (o) stating	g the under- DUE TO, OR	AS A CONSEQUENCE OF			1211200000	Carrier III
NA MALE NA MAL	lying cause lost.						
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH I	NIT NOT BELATED TO THE TERMINA	I DISCLET OR CONDITION CHUCK IN ALL	× 1		
DIVISION OF VITAL RECORDS, 3 S CERTIFICATE SHOULD BE EXECTING THE WORD "PENDING" ROED TO THE CHIEF MEDICAL E 3 SHOULD BE USED AS A BUIL E 10 SPARTMENT OF HEALTH AND PRIOR TO BURRAL, CREMATION,	19a. DATE OF OPERA 21a. EXTERNAL CAU UNDERLYING CONTRIBUTING 21d INJURY OCCUR WHILE NOT	CONSTITUTE CONTRIBUTION TO OCATA	OT NOT RELATED TO THE TERMINA	L DISEASE OR CONDITION GIVEN IN PAI	RIT(e).		
ALREA HOULD D. PER HIEF A USED J. CREA	190. DATE OF OPERA	ATION 196 CONDIT	ION FOR WHICH OPERAT	ION WAS PERFORMED?		12	20. AUTOPSY?
TALI HOU RD "I CHIEF OF HOU	NE NE						YES NO
OF VITA THE CHIT CHIT BE UND	210. EXTERNAL CAU			21c. HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 21	
VISION OF VITAL STATE SIZE OF VITAL STATE SIZE OF VITAL SIZE OF VI	UNDERLYING &	OR HOUR A.M	MONTH DAY YEAR	ml . 1 . 1		-DOME	St. La Tra
SIO STIF G T SHO SHO DR T	CONTRIBUTING 214 INJURY OCCUR		11 - 15 1979 OF INJURY (AT HOME,	STIVER BY	consta car	on colona	-
DIVISIO DIVISIO SITING T E 3 SHG E DEPAR	WHILE NOT	WHILE STREET, FACT	ORY, FARM, ETC.)	STREET	CITY OF TOWN	COUNTY	Y, STATE
DIVIS R: THIS CER TE, WRITING RWARDED REGE 3 S STATE DEP	AT WORK AT W	VORK Bult	way 499 -	nen. Comitive.	- I Lethen	de Mon	tyonory Md.
C21S S S S S	22a. I certify that	I took charge of the remains desc	cribed obove, held on	Autopsy , Inspection	Inquiry X	ond in my opinio	on
A A L TO T TO THE WAY	death resulted from		Accident X, Suicio		Undetermined monner		
E CERT DULD L DIRE H, WIT MARK		000	200	TITLE (SPECIFY)			Was DE 1070
A AL PAL	ACTUAL SIGNATURE	John y.	'Sall-	_M.D. UKPUTY	MEDICAL EXAMINER	DATE SIGNED	851 72, 17.19
DEA SIL	EXAMINER'S NAME	John G. Ball		7020	01.1.0	n 1	n .1 1. 361
TO MEDICAL E EXECUTE THE PAGE 4 SHOU AFTER DEATH BALTIMORE, M.	(TYPE OR PRINT)	John G. Dar.		ADDRESS		cown kd.,	Bethesda, Md.
	23a. BURIAL, CREMATION, R (SPECIFY)			TERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BPI	urial	Nov. 28,	79 Gate of		Silver Sp	ring, Mont	tg., Md.
DHMH - 17	24. FUNERAL DIRECTOR	Hines/Rinaldi	Funeral Home		REC'D. BY REGISTRAR 25	. REGISTRAR'S SIGN	NATURE
(VR A15 ME (5)) 15M 7/77	11800 New Ha	ampshire Ave. S	ilver Spring	, Md. DEC	3 1979	intra sect	Zeel.

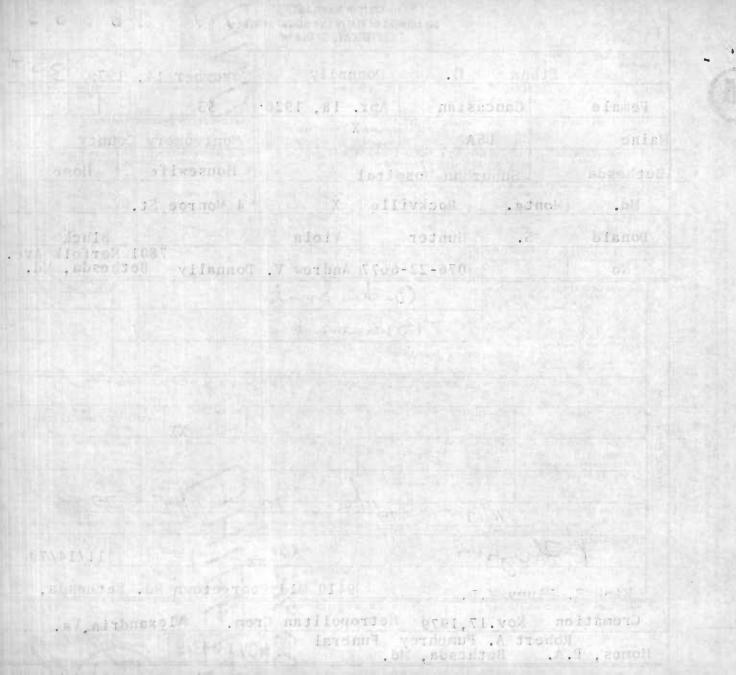


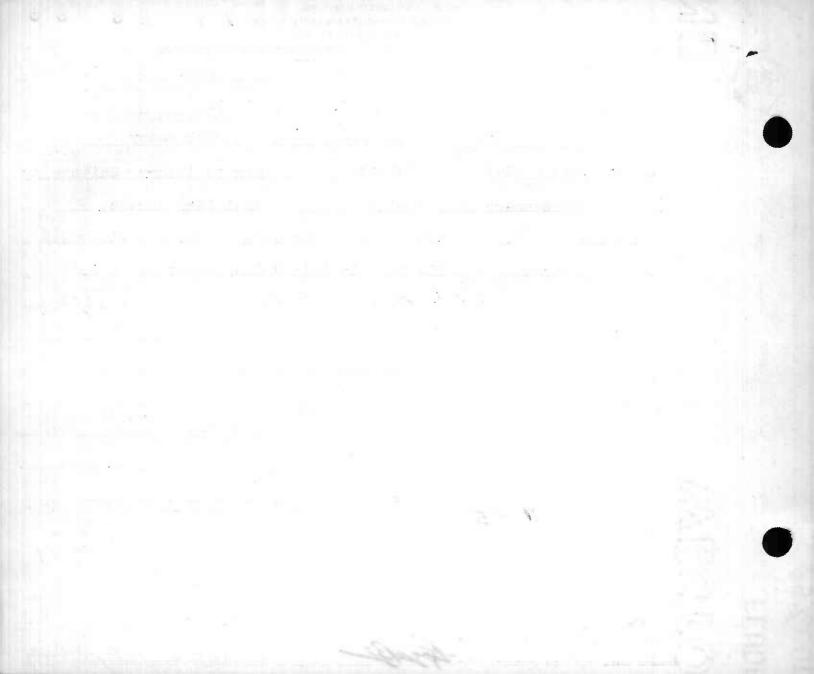
3	FOR			DEPARTMENT O	F HEALTH AND	MENTAL	IYGIENE	3	8 3	3	2
-	STATE REGISTRAR		ME	DICAL EXAMI	NER'S CERT	IFICATE C	F DEATH	REG. NO).		
	CEASED NAME	FIRST		WIDOLE	LAST		2a. DA	E KNOWN	MONTH DAY	YEAR 2	b. HO
(17)	PE OR PRINT)	Edith		Pearl	Diedr	rich	0	TH MATED	11/4	1979	
3 SE	X	I. RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UNDER 1	YR. IF UNDER		ATE	MONTH DAY	YEAR 2	d. HO
F	emale	White	Sep. 11,	1891 88	YRS. MONTHS DA	YS HOURS		DUNCED AD	11/4	1979	1:5
a. 8	IRTHPLACE (STA	ATE OR	76. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MARR	IED . 9. BAL	TIMORE CITY O	R COUNTY OF	DEATH	
	io		USA		WIDOWED 2		2.4	ontgomer	y Count	У	٨
ID. C	ITY OR TOWN C		(IF NOT IN SUCH FA	SPITAL, NURSING HO	ME, OR OTHER INS 5)	NOITUTION	FOR MOST OF	CUPATION (TYPE		IND OF BUSING	NESS
LISTI	WHEATO		3915 Ha	vard Stree	t		School	Teacher			
13a. S	OHIO	LORA	Υ .	GRAFTON	1 1)3d IN	SIDE CITY LIMITS?	13e STREET AD 3511	GRAFTON	ROAD		
4. F.	ATHER'S NAME FIRST		MIDOLE	Hartman	15. M	OTHER'S MAID	EN NAME	MIODLE		LAST	
16a. \	WAS DECEASED	EVER IN U.S. ARM		16b. SOCIAL SECUR	RITY NO. 17. IN	FORMANT	son	ADDRESS	3915 H	lavard	St
	NO			276-42-51	71 Pau	il O. D.	iedrich		Wheato	n. Md.	
-	18. CAUSE OF	DEATH (Enter only	one couse per line	for (a), (b), and (c).)						APPROXIMATE IN	TERVAL
	1/10		E CAUSE (o) A	cute myoca		sease					
	700	/		AS A CONSEQUENC							
1	gove rise	, if any, which to immediate	< /	ypertensiv		lisease.					
	lying cous	stating the <u>under</u> e last.	DUE TO, OR	AS A CONSEQUENC	E OF						
5	BART & ATHER CIC	MELEANT COMMISSIONS	(c)								
z	PAKI Z UTNEK SIG	MIFICANI CUMUITIUMS C	DNIKIBUTING TO DEATH	BUT NOT RELATED TO THE TI		ADITION GIVEN IN PA	RT 1 (a).				
110	19a. DATE OF	OPERATION	Tigh CONDI	NO TION FOR WHICH OF		REORMED?			120	AUTOPSY?	_
MEDICAL CERTIFICATION									20.	_	NO IX
ERT	NOI 21a EXTERNAL	CAUSE WAS	21b. TIME OF		21c. HOW IN	JURY OCCURRE	D (ENTER NATURE C	F INJURY IN ITEM 18 F	PART 1 OR PART 2)	153 []	
ALC	UNDERLYING	OR G CAUSE OF D	HOUR A.M	I. MONTH DAY YE	AR	None					
EDIC	21d. INJURY O	CCURRED	21e PLACE	OF INJURY (AT HOME.	21f. LOCATIO						674
¥	WHILE AT WORK	NOT WHILE	SINEEF, FAC.	TORY, FARM, ETC.)	SIMPET		CITYO	RTOWN	COUNTY		STATE
			of the remains des	scribed above, held on	Autopsy], Inspectio	n . Inou	iry XX, on	d in my opinion		
	deoth resulte		ol couses XX,			tomicide .	Undetermined				
	7000-30-00	1	0	11-	>	TLE (SPECIFY)					
	SIGNATURE	*	1	V (0	gens I	Deputy	MEDICAL EX	AMINER	DATE SIGNED	11/5/7	19
	FYAMINEPS	MAE		7	/	1919	Seminar	y Road			
	EXAMINERS (TYPE OR FRIN		n S. Rog		ADDR	ss Silve	er Sprin	g. Monts	comery.	Md.	
23a, 8	SPECIFY)	ION,REMOVAL 23			CEMETERY OR CREA		23d. LOCATIO	N	COUNTY	STATI	
	Burial UNERAL DIRECT	1	Vov. 7, 197	9 Elmwood lins	Cemeter	TIME	Lorain	- 1-B	Lorain	Oh	io_
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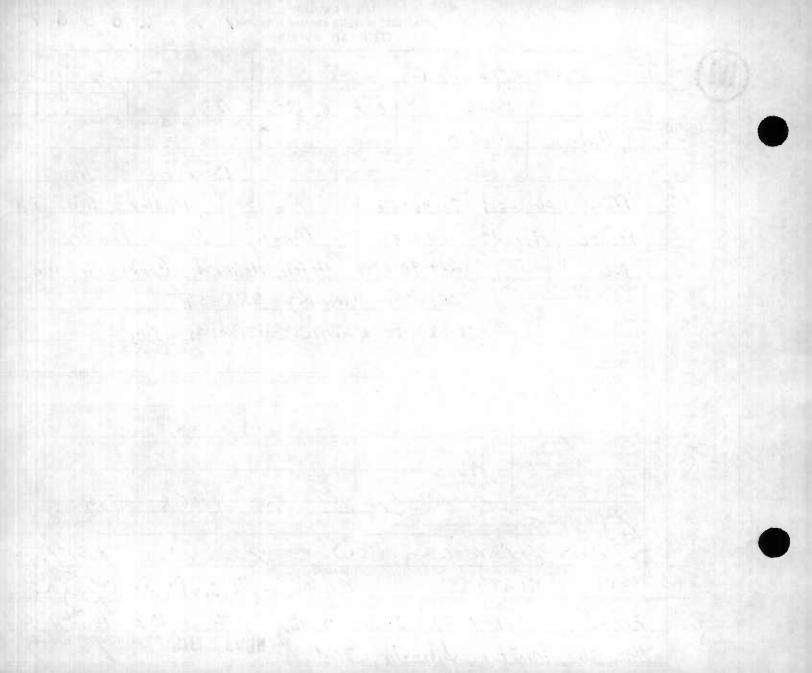


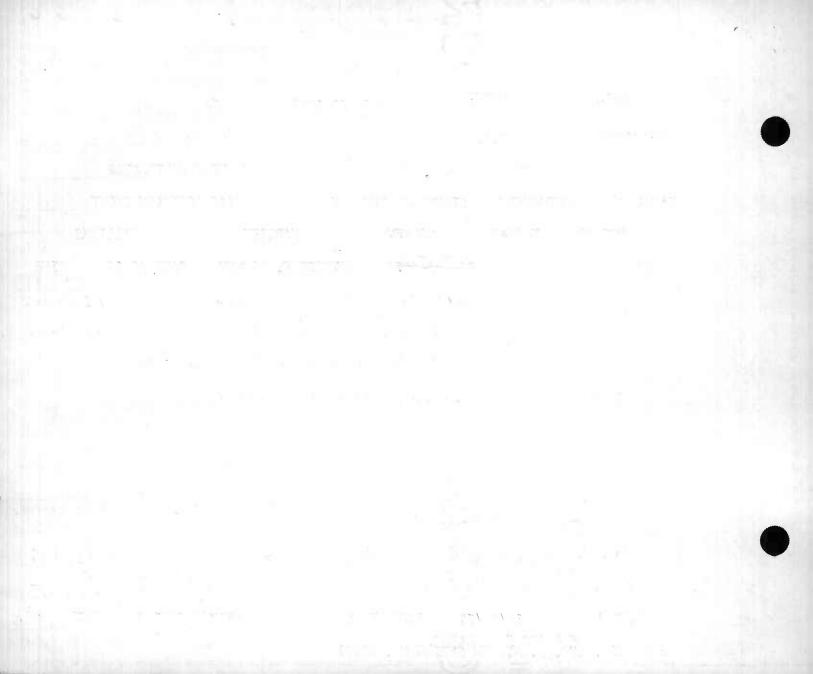




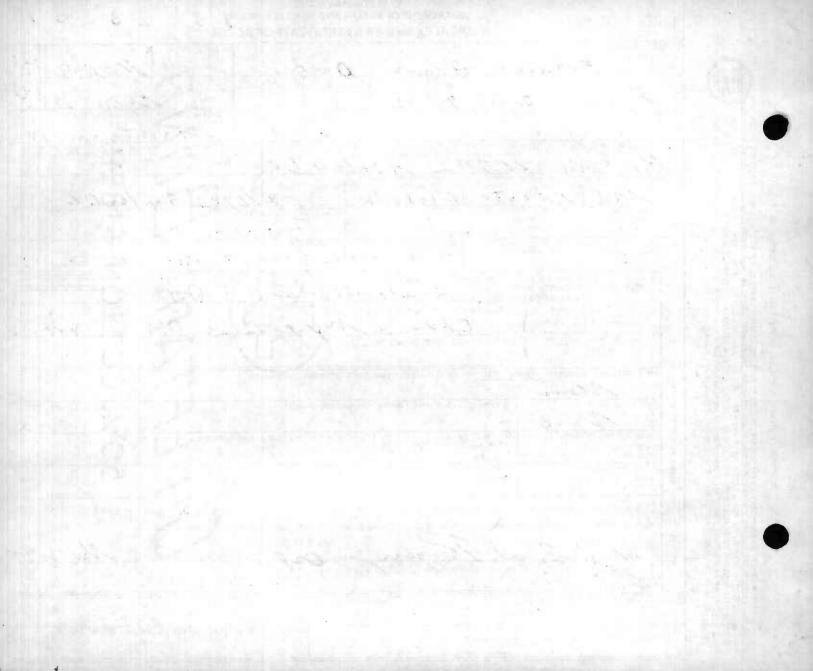


6		1.	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE / 9 2	8 3 8 1
			STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	(19.00)	1. DE	CEASED NAME FIRST	(2) MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(INT.)	3. SE:	THALMY	(Thamy) D.	DORSEY		5- 79 9:46 PM
			emale	Black	5. DATE OF BIRTH MONTH OCT. 8, 1907	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	Page direct hours	7a 81	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
	in 72 h	C	DUNTRY) Md	U.S.A.	MARRIED NEVER MARRIED MIDOWED DIVORCED	MONTGOMERY COUN	
	ed ed	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR
201	S 25 S		NEY	MONTGOMERY GENI	RRAL HOSPITAL	Domestic	FE) INDUSTRY
ND 21	24 hou cuild be in could be	USU, 13a. S	AL RESIDENCE (IF NURSING HOMEO	ROTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION) WN 13d. INSIDE CITY LIMITS? YES \(\text{VES} \(\text{NO} \)	13e STREET ADDRESS	s M:11 Pd.
RYLA	thir ely sh	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	0
MA	pa du s/50		Prince A	Ibert Dors	sey MARI	4 2.	PARKER
ORE	e execu	16a. V	VAS DECEASED EVER IN U.S., A (ES, NO ORUNKNOWN) (IF YES, GIV	E WAR OR DATES)	6) 7	ADDRESS	21 04 1
LIEM	s.P		NO -		0-0598 Helen 1	tolland Cook	sville Md.
BA	certificate ng physici bonpaper removal.		PART I. DEATH WAS CAUSE		PULMONARY A	1 RREET	BETWEEN ONSET AND DEATH
IN ST			4999 IMMEDIA	TE CAOSE (O)		100001	
ESTO	e death nove cor nation, or		Conditions, if ony, which	BUE TO, GRAS A CONSECULATION OF THE POLICE O	VENCE OF ROTIC CAR	RDSVASCULA	2
1 W. PR	y the se remo		gove rise to immediate cause 10% stating the underlying cause last.	DUE TO, OR AS A CONSEO		DISEASI	5
RDS, 20	equires the n signed b Then pleo r to buriol, injury, ar c	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	law r	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO NO
VITA	IG PHYSICIAN: The ottending physicion per this certificate he sithe buriol-tronsit p tond Mental Hygien cand Mental Hygien ked or Item 18 show	CER	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18, P	
0 7	PHYSICIAN: ending physic this certifical this certifical and Amental Hydron de Mental Hydron 18 and a frem 18 and a free free free free free free free fr	MEDICAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
ISIOI	DING PHY: or ottendii After this e as the bu olth and M morked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIV	or of After as the offith of the or horken		AT WORK		Ax 11 70	7 NOV 6	79
	ATTENDING aspirol or off ECTOR: After of for use as the f.; of Heolth or m 21 is morke	1.7	Now the decembed alrey on	ital) attended the deceased from		death occurred on the date and hou	19, that (I) (we) last
	OR ATTEN he haspital DIRECTOR: oched far us Dept. of He		TIL SIGNATURE	ot) Pey, the body after death.	DEOREE		22c. DATE SIGNED
		3	Kedw X	Luaur.	ATTENDING PHYSICIAN	MEDICAL STAFF	NOV7,79
	HOSPITAL ned by the FUNERAL uld be detended to the State ORTANT:		11 PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	M' 0 '	20837
	O HOSPITAL OR A eroined by the hos TO FUNERAL DIRECT should be detoched with the State Dept.		PEDRO 1, M	NATIAS'	18/11 Phunes	Philip brule	Oliver hat
			URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CUMOR TOWN	COUNTY STATE)
	BP	24 FI	COLDIAL SINERAL DIRECTOR	11-9-19	Mular Omstyg	TE REC D. BY REGISTRAR 256. REGIST	RAPIS SICHARINE
	DHMH - 16 50M 1/76 (VR A 15 (4))	1	HAME YI) XLA	Aft JADURESS	TI. Ynd	1001 3 1979	And mooned
			Terrent Co. / Tell	HELL - MILLER	and the state of t		

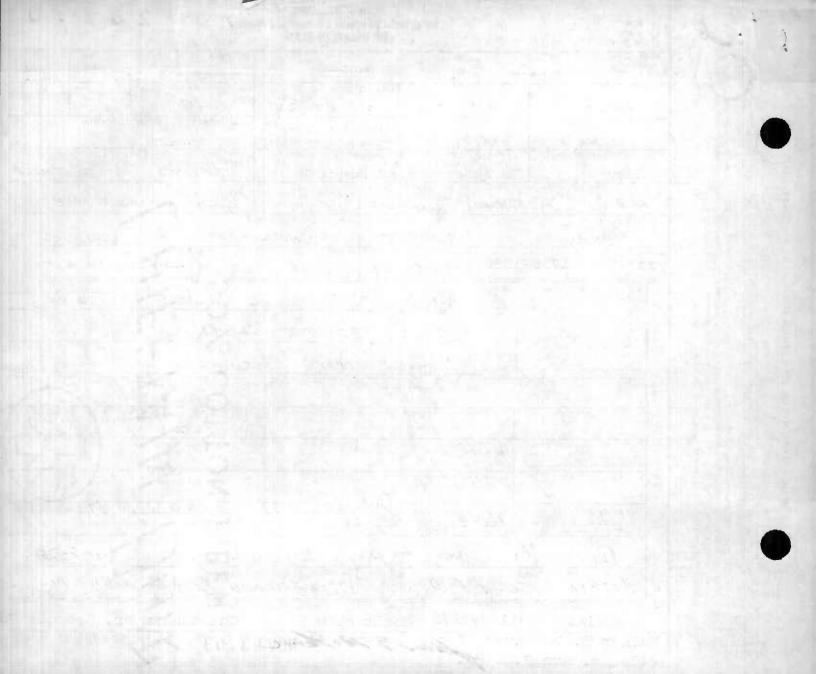


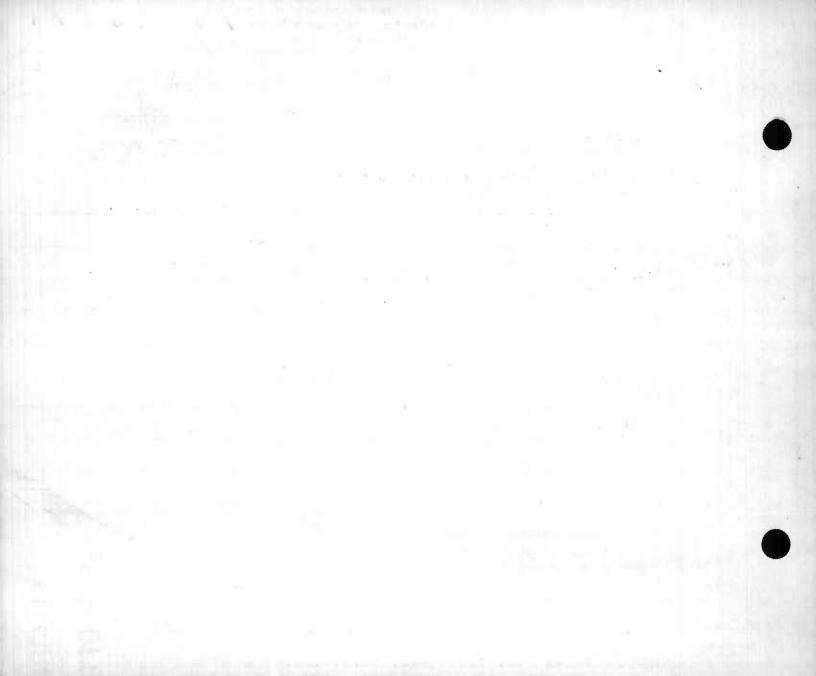


1				STATE OF MARYLAND	3 CB CB
4	'V	11.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 28	3 0 7
1	1	1.	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	THE MIN !
	for .	I DE	CEASED NAME FIRST	REG. NO.	
			E OR PRINT)	ZU. DAIL KNOVYN DE MOINT	PAY YEAR 26. HOUR
	THE REAL PROPERTY.		FVZ	cer Aroun Bu Bois DEATH MATED NOV.	111079 34
	1.提展》	3. SEX		S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER LYR. IF UNDER 24 HRS. 20. DATE MONTH C	DAY YEAR 24 HOLER
	1171			MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	240
	1 250		1 W	June 2 97 F2 YRS. DEAD NOV. 11	1979 MM
-	SAC TE	7a. B	RTHPLACE ISTATE OR	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF	OF DEATH
	2 H C C E E 4 1	PC	REIGN COUNTRY)		
	72m3 -	10.0		7 - 0 / 0 / 0 /	BMRY MD.
	AY IS THE AGE AGE FILED	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF WORLD) FOR MOST OF WORKING (LIFE)	OR INDUSTRY
	PAGE PAGE PAGE S, 301		RACKINILLE	41702 Arhley Dr RETIRED	OK 11 10 00 1 KT
	ANY DELA AND 3 TO RETAIN P HOULD BE RECORDS,	USU	AL RESIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
- 2	Z94502 6	13a. S	TATE 136 COUN	TY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	
5	F AND SHOUL SHOUL		ma n	ent Rock VIIIc YES NO 1/702 Auch lev.	DV.
9		14. F	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	
3			FIRST	MIDDLE LAST FIRST MIDDLE	LAST
	OF SES 1	_		UBOIS SR. FRANCES M. BROWN	
3		16a. \	VAS DECEASED EVER IN U.S. AR	AED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	RS AFTI GIVE P VITH FO PAGES IVISION	,	NO	216 46 3573 GEORGE DUBOIS 9219 E PARK	HILL DR.
3	URS AFTER DE URS AFTER DE WITH FORM PAGES 1 AN DIVISION OF	=	LIA CANSE OF DEATH /F		APPROXIMATE INTERVAL
			PART I DEATH WAS CAUSE	y one couse per line for (a), (b), and (c).) BETHESDA, MD.	BETWEEN ONSET AND DEATH
	24 H TEA TION CLONG PERM GIENE			ECAUSE(0) Acute/allocaldial Wisi	
3	N 24 HC V ITEM 1 ALONG T PERMI YGIENE,		4391	(DUE TO, OR AS A CONSEQUENCE OF	
ŭ	W. PRESION ST. ED WITHIN 24 HO PENCIL IN ITEM 1 AMINER ALONG I. RRANSIT PERMIT ENTAL HYGIENE, I. REMOVAL.		Conditions, if ony, which	Phy My and il Dia	1/.ce
ă	W A A A A A A A A A A A A A A A A A A A		gave rise to immediate cause (a) stating the under-	(p) CIL DNIC / 1005/415/ 1/12	YYY
3	UT W. PKEN DIED WITH N PENCIL I EXAMINER SIAL: TRANS OF REMOV		lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI SITING THE WORD: "PENDING" IN PENCIL IN TEM 18 ROED TO THE CHEF MEDICAL EXAMINER ALONG IE 3 SHOULD BE USED AS A BURIAL-IRANIST FERMI E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, PRIOR TO BURIAL, CREMATION, OR REMOVAL.			(c)	
Ų	EXECUTE EXECUTE IN THE INTERIOR OF THE INTERIO		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
9	L RECORD OULD BE E "PENDIN IEF MEDIC SED AS A HEATTH CREMATI	z	11	The state of the s	
3	E A A A A A A A	1 2	10000		
	ALKE HOULD "PE HIEF / USED OF HE, IL, CRE	3	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	0 AUTOPSY?
	SHOUL CHIEF OF H	CERTIFICATION	/Vinc		YES NO NO
2	CERTIFICATE SHOT THE CHE SHOT THE CHE SHOULD BE USEPARTMENT OF RICK TO BURIAL.	1 2	21a. EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21	
9	IFICATE NOT THE WINDS THE WINDS THE WINDS THE WINDS TO BUILD TO BU		UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	
3	SION RTIFIG 10 TO 10 TO SHOIL PART	2	CONTRIBUTING CAUSE OF		
-	CER 3 S S S S S S S S S S S S S S S S S S	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	
ž	S CE RITIN RETIN	Σ	AT WORK AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
	E: THIS CER TE, WRITING DRWARDED S: PAGE 3 STATE DEF 21201 PRICE		AT WORK		
	FOR FOR HE S HE S D, 21		22a. I certify that I took charg	e of the remains described obove, held on Autopsy 🔲 , Inspection 🔲 , Inquiry 🔪 , ond in my opinio	on
	ZO LOTE		death resulted from: Natur	ol couses Accident , Suicide , Homicide , Undetermined manner ,	
	AN SECOND	-	1 1000		
	A S E E E E		ACTUAL /	TITLE (SPECIFY)	1/1/2/2-0
	AHREEN -		SIGNATURE	M.D. MEDICAL EXAMINER SIGNED	V8V,161779
	DIC TE 1		EVALUATEDENAME		
	ME COUT		EXAMPLE S NAME (TYPE OR PRINT) TO H	N.S. ROGERS 1919 SEMINARY RD. S.	S. MARYLAN
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORE TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21	23a B	URIAL, CREMATION, REMOVAL 2		
10	01	(SPECIFY)	CITY OR TOWN COUNTY	STATE
17	BP	01.5	CREMATION		
	DHMH - 17	74 F	UNERAL DIRECTOR	250. DATE RECID. BY REGISTRANS STOP	VATURES
	(VR A15 ME (5)) 30M 7/73		VANN & WI	LLIAMS 4804 GA AVE NW.	



Ave S.S.





1×	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 7 9 2.	8 3 9 2
deoth deoth	I. DE	CEASED NAME FIRST MUSTA	FA	EBBESS	20. DATE OF DEATH MONTH	1 13 79 8:45p M
age 4m rector, pours after	3. SE	Male	White	5. DATE OF BIRTH Feb 14 1891	6 AGE (IN YEARS LAST BIRTHDAY) 88	
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201 Is ofter by the filled with	S	ilver Spring	Holy Cross		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Market Man	12b. KIND OF BUSINESS OR INDUSTRY
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BALTIMORE, cate be executed by sisten and coppers. Pages 1 vol.		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN} (IF YES, GIV	RMED FORCES? 166. SOCIAL SECT (E WAR OR DATES) 578 46		Ebbess (son)	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
res that the death certificated by the otherding phopologic remove carbon provincial, cremotical, or removir.	VIION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF THE CONTRIBUTING TO	ENCE OF DEATH BUT NOT RELATED TO THE TERM CALLED VASUE HOPERATION WAS PERFORMED	la Disco	-
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirentening physicion. After this certificate has been signs the burial-transit permit. There the and Mental Hygene prior to be corked or Item 18 shows any injury.	CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D	21c. HOW INJURY OCCUR	200 AUTOPSY? 200. IF IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 1
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ITAL OR by the horse and processions of the procession of the proc		276. SIGNATORE	Laluk	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c, DATE SIGNED,
TO HOSPITAL TO FUNERAL should be de- with the Stote	22-	Myron L. Ler	nkin, M.D.	2309 Shoref	ield Rd., Wheaton	n, Md. 20902
150/BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL DIRECTOR	1236. DATE 236. 1979 3	NAME OF CEMETERY OR CREMATORY Ord Kincoly Cimilia Ord	23d. LOCATION CITY OF TOWN LINU LINU LINU LINU LINU LINU LINU LIN	C. M. M.
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VISI G Pt	After this ie as the bu olth and M marked or	ž	WHILE NOT WHILE		AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OR TOW	1	COUNTY	STATE
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o bos			226. SIGNATURE	U-G-HOT] VIE	w The body	offer deoff.		DEGREE			22c. DATE	SIGNED
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7 of a	5 € 3 ₹ <u> </u>	23o. E	URIAL, CREMATION, REM	OVAL 23	b. DAU			EMETERY OR CREMATORY	23d. LOCATION		CULTY	STATE
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	A 15 (4))	I	anzansky-Gol	ldberg	Char	els: 1170	Rock	ville PikeUL	00001313	1.01	7,,,,	1

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FOR DEPAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CERTIF	ICATE OF DEATH	REG NO			
		OR PRINTS			EVENS:	ast EN	20. DATE OF DEATH MON			26 HOUR 9:38P
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58		CHARTEN	DISTARE CHRISTOPHER MATTHEW EVENSEN To DATE OF DEATH SOUTH ADDRESS TO DEATH TO DEATH ADDRESS TO DE	Mantagara Country						
TO DECESSED NAME TO DATE OF BEATH MOPTHER TO DATE OF BEATH MOPTHER	BUSINESS OR									
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160		RICHARD	Н.	EVENSEN		LORRAIN	IE M.	McNe	AMAR	A
1		(ES, NO OR UNKNOWN)						er (sam	ne as	s above)
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	IFICATION						200 AUTOPSY? 201	. IF YES, WERE CERTIFYING C	FINDING	GS USED OF DEATH?
1		OR CONTRIBUTING CAL	SE OF DEATH HOUR A.	M. MONTH D				123	PART 2)	NO _
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		sow the deceosed obove, (V(we) (did	olive on Novemb	er 21 19	9 . ar	d that in (m) (our) opinion (DEGREE ATTENDING	death occurred on the date o	and hour and fr	om the co	ouses stated
1		0	ASED EVER IN U.S. A. WIND OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NOTHER SAME THE ADDRESS 2003 HENDERS THOMAS III. NOTHER'S MADDEN NAME III. NOTHER'S MADDEN							
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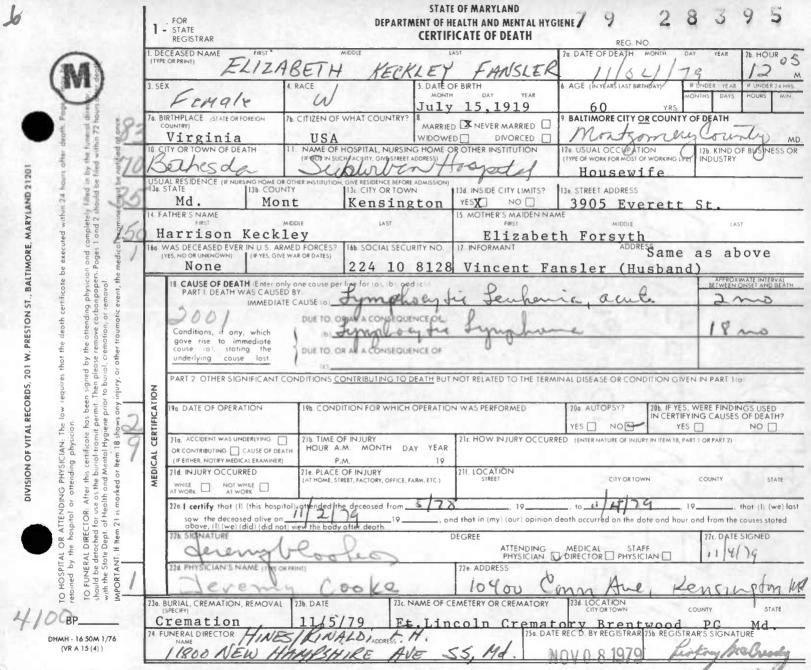
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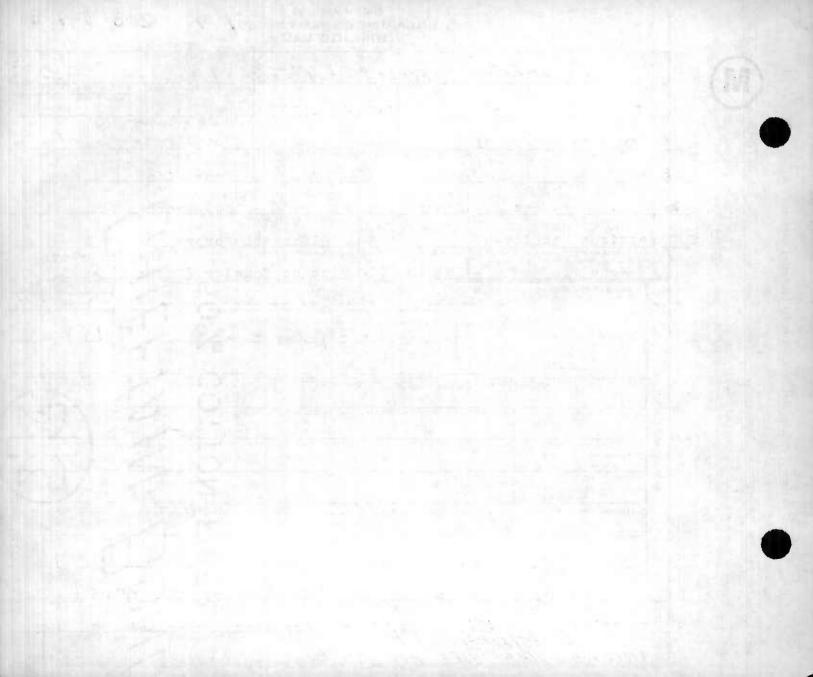
BURIAL 12/1/79 GATE OF HEA 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV.BLVD., W., SILVER SPRING, MD. 20901 E REC'D. BY REGISTRAN 1979

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Bur al 120,75 Jamesary Surguitto mine, seru Juguetar Merino I.H., roulingo Cueto 205 June, Peru TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral

should be detached for use as the burial-transit permit. Then please remove corbonapper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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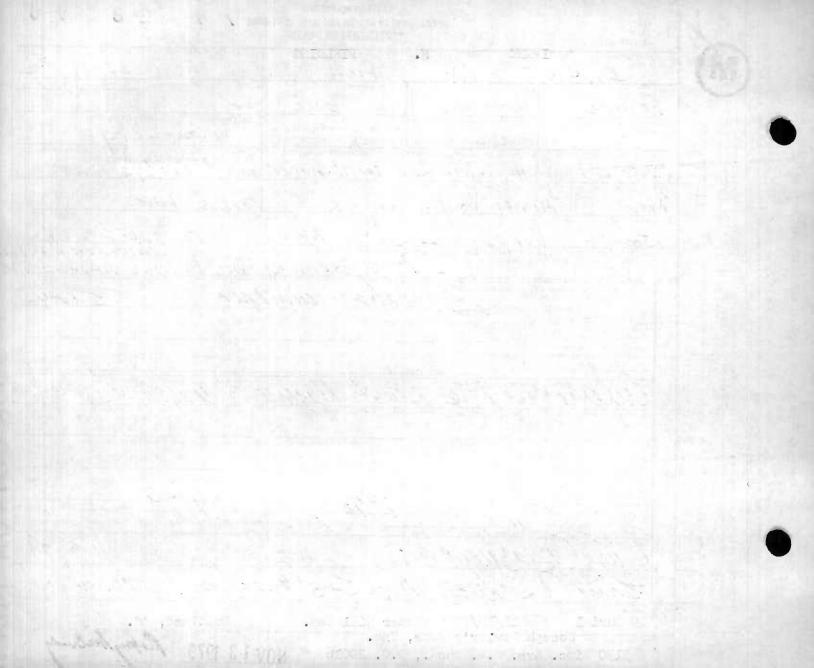
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7a B	IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY C	R COUNTY	OF DEATH	
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	18 CAUSE OF DEAT	H :Enter calv	000 0000 000	line for in the one	t a l					MATE INTERVAL
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>	AT WORK AT WO	HILE D	(ATTIONE, ST	REES, FACTORS, OFFICE, FA	KRM, ETC./		CITION	***	COOKIT	STATE
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	sow the decease above, (I) (we) (c	ed alive an_	NOV 1	ofter death	79 . or	nd that in (my) (aur) apinion	death accurred an the de	ate and hou	r and fram the	couses stated
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	Jett	rey 1	1. Cvo	rne		NMC Bet	hesda, Md.	20014		
23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23¢ N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	Cremat	ion	11/13	/79 Me	trop	olitan Crem	natory Al	exan	dria.	VA
24 FI	UNERAL DIRECTOR	A. Pu	mphre	v Funera	1 Ho	mes, P. A. DAT	E REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	UR
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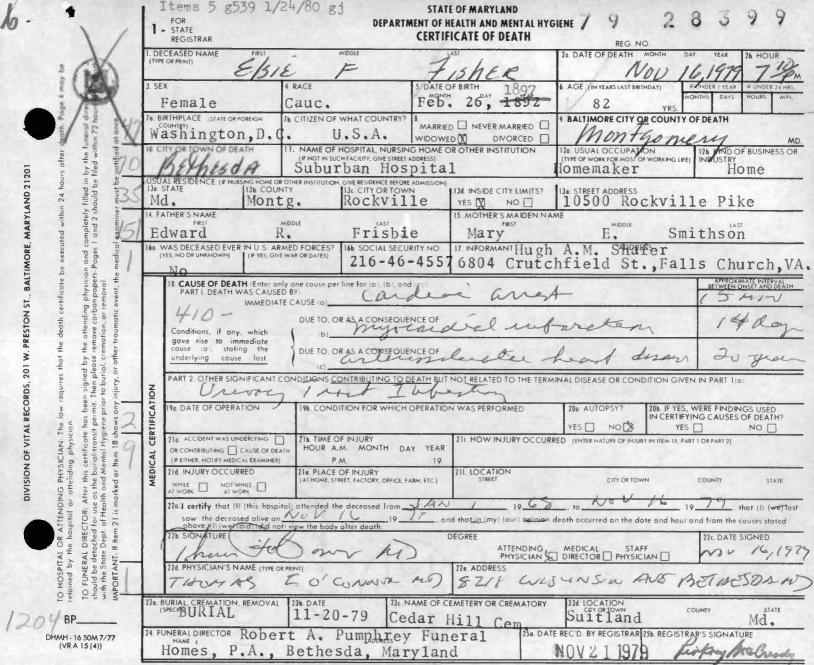
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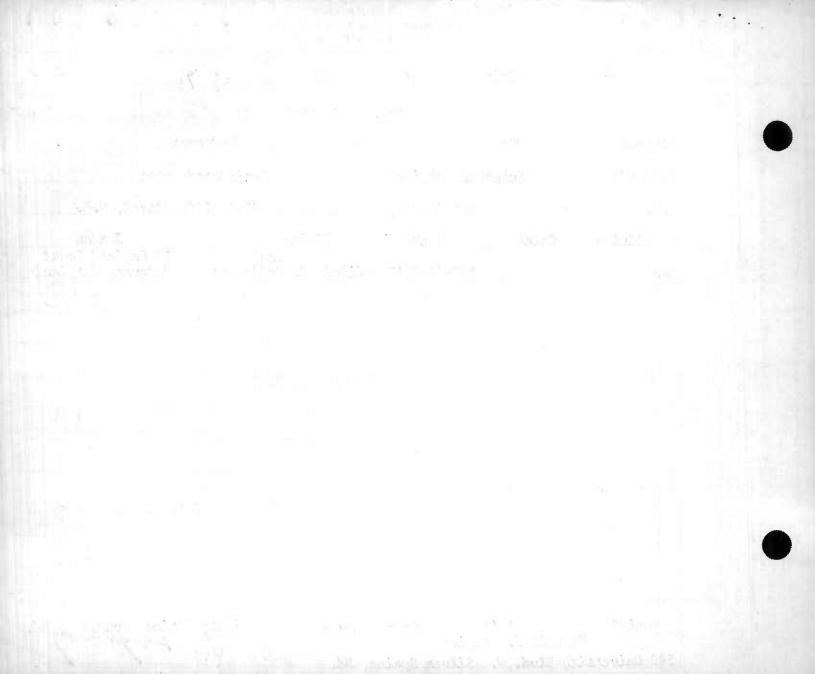




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bee mit.	CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?			
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SICIA pp ph certific miol-ti entol	14	OR CONTRIBUTING		n	M.	19					
dir dir	MEDICAL	21d. INJURY OCCU	RRED		OF INJURY REET, FACTORY, OFFICE, F	APM FTC)	21f LOCATION	CITY OR TO	wn	COUNTY	STATE
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Spito CTO 1 1 1 2 1		saw the decea	sed alive on_	view he body	ofter death.	17 on	d that in (my) (our) opinion (death accurred on the d	lote and hour	and fram the	couses stated
OR A DIREC Sched Dept.		228 BIGNATURE	1	11 /		no h	PEGREE		-	22c. DATE	SIGNED
AL O AL D detocote Date D		tores	N	1 W	my	1	ATTENDING PHYSICIAN	MEDICAL STA	CIAN [NOV. 3	10,1979
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2 5 5 5 3 3	23a.	BURIAL CREMATION		23b. DATE	23c N		EMETERY OR CREMATORY	23d. LOCATION			
BP		Burial		Dec.5	,1979 8	St. C	atherine Ce		T		orare.
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	STATE	OF M	ARYL	AND		
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CERTIFICATE OF DEATH

2	8	d.A	0	3
G. NO.				
TH MONTH	DAY	YEAR	2b. HOL	JR
per 4	19	79	6	A. M
ST BIRTHDAY)	PAY) IF UNDER 1 YEAR IF UNDER 24 HRS			
	MONTHS	DAYS	HOURS	MIN
YRS.				
	Y OF DE	ATH		MD.
PATION	125.	KINDO	F BUSIN	ESS OR
S. NO. H MONTH DAY YEAR 26 HOUR OPT 4 1979 6 A. M IT BIRTHDAY) F UNDER 1 YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN YRS. TY OR COUNTY OF DEATH GOMETY MD.				

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YES [

COUNTY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

MIDDLE LAST 20 DATE OF DEA I. DECEASED NAME (TYPE OR PRINT) Joseph John Gatti Noveml 6 AGE LIN YEARS LA 4 RACE 5. DATE OF BIRTH 3 SEX Male Feb 28 AY White 1902 77 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CI MARRIED NEVER MARRIED New York USA Mont WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCU 7814 Garland Avenue Sheet Me Takoma Park USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
Maryland Montgomery Takoma Park 130 STREET ADDRESS 7814 Garland Avenue 13d INSIDE CITY LIMITS? NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Carmella Gatti Joseph 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) Non-Vet 190 12 7632 Katherine L Greaner Same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 71n ACCIDENT WAS UNDERLYING 715. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2} OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (aux) opinion death accurred on the date and hour and fram the causes stated abave, (1) (we) (did) (did nat) view the body after death DEGREE

226. SIGNATURE

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Joseph B. Mizgerd

230. BURIAL, CREMATION, REMOVAL

FOR - STATE

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CERTIFICATION

REGISTRAR

7600 Carroll Ave. Takoma Park, Maryland

(SPECIFY) Burial 11-8-1979 230 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

23d LOCATION Suitland

Maryland

24 FUNERAL DIRECTOROBERT E Wilhelm Funeral Home Maryland Suitland

23b. DATE

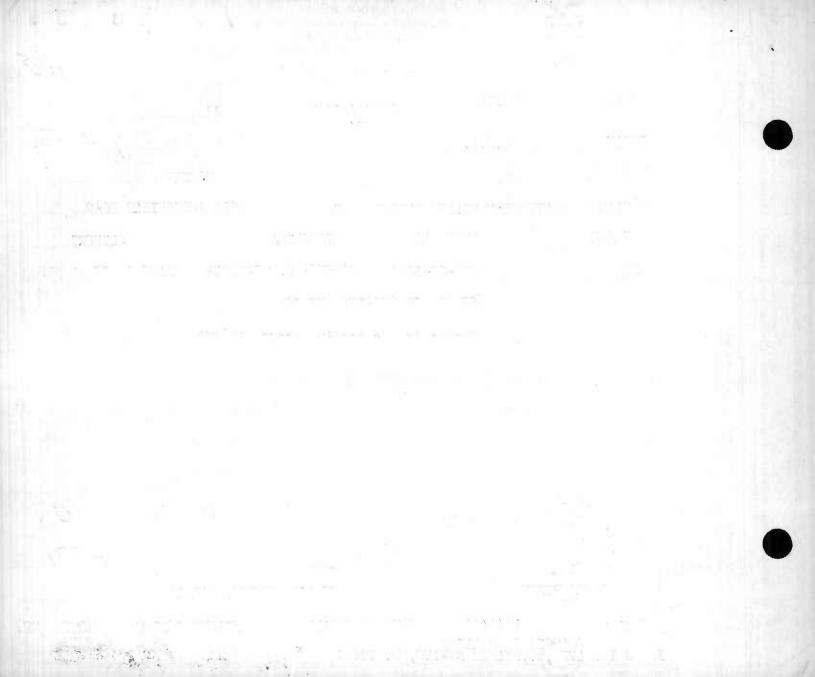
256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

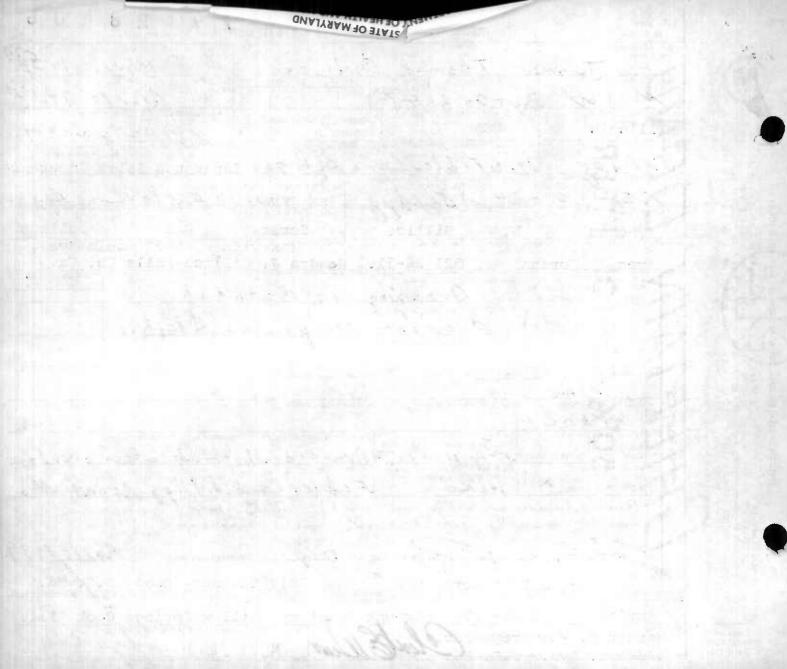
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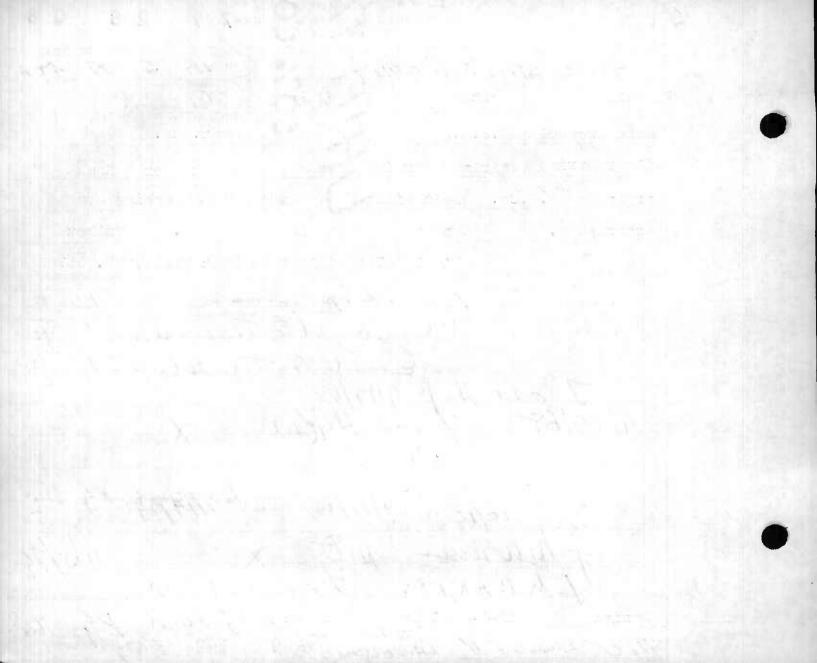
12.	11-	FOR STATE	DEPARTMENT AND MENTAL HYGIER	9 28406
1	L	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEA	REG. NO.
		CEASED NAME FIRST	MIDDLE	26. DATE KNOWN MONTH DAY YEAR OF ESTI-
A SANCE		To m	or Thomas Cillice	DEATH MATED SALVIS 1979 35M
(PATE)	3 SE	4. RACE	DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN	PRONOUNCED A
8.30		m w	20+20 3/4 YRS.	DEAD //0 / 9 19/7 M
STATE OF THE PERSON AND THE PERSON A	70. B	IRTHPLACE (STATE OR DREIGNLCOUNTRY)	6. MITIZEN OF WHAT COUNTRY?	9. BALTIMORE CITY OR COUNTY OF DEATH
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Illinois	USA WIDOWED DIVORCED A	Montgomer
THE ANGLES	10. C	ITY OR TOWN OF DEATH	1) NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. US	UAL OCCUPATION (TYPE OF WORK 26. KIND OF BUSINESS MOST OF WORKING LIFE) OR INDUSTRY
300 111	10	21. JA4	1110 Fidlev Lane Apti 910 I	insurance Sales Insurance
- X - X - X - X - X - X - X - X - X - X	USU.	AL RESIDENCE OF IN THIS HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE (1TY LIMITS? 13e. STI	REET ADDRESS
21201 E AN' E AND SHOUL BECC		Md M	int Stalled YEST NXXXII	10 FielaVLarchot910
D.2 7.2.3.2.5.4.1	14. F.	ATHER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NAM	ANDDIE LAST
E, MD DEATH M PM PM AND 2		Thomas	W. Gillice Zereta	Mae Collins
Z ORAC	16a.	WAS DECEASED EVER IN U.S. AR	D FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANEX-WIT	e ADS 1059 Maple Ave.,
SIGHT A SIGHT		ves Kore	001 00 1100 0 3 7 0	llice-Falls Ch. Va.
- 2 8 L		18. CAUSE OF DEATH (Enter on	one couse per line far (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TON ST., 1 24 HOL 2 ITEM 18 ALONG ACIONG OF CI.		PART I DEATH WAS CAUSED		tub
2 7 4 5 3	17	734-	DUE TO, OR AS A CONSEQUENCE	1 , ,
W. PRESTON ST D WITHIN 24 HC ENCIL IN ITEM VAINER ALONG TRANSIT PERM ENTAL HYGIENE REMOVAL.		Conditions, if any, which gave rise to immediate	(b) Over dose Drugs an	1 Alcohol
OT W. PRES JTED WITH N. PENCIL I N. PENCIL I STATANES MENTAL N.		couse (o) stating the <u>under-</u> lying couse last.	DUE TO, OR AS A CONSEQUENCE OF	
			(c)	
DIVISION OF VITAL RECORDS, 3 S. CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" POED TO THE CHIEF MEDICAL IE 3 SHOULD BE USED AS A BUJ E. DEPARTMENT OF HEALTH AND PRIOR TO BURRAL CREMATION,		PART 2 DTHER SIGNIFICANT CONDITIONS	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
MED AS ALTH		None		
TALRE HOULD PER YER YER YER YER YER YER YER YER YER Y		190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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CATE S CATE S HE WO THE OULD BE TMENT	8	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOURS A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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R: THIS DRWAL R: PAG R: PAG S: STAT		AT WORK AT WORK	Homo Fld Wene	vil. Jeg Mont
		22a. I certify that I took chorg	of the remains described above, held an Autopsy , Inspection,	Inquiry , and in my apinion
EXAMINER. CERTIFICATION OF PROPERTY OF MAIN THE SARYLAND, 2		death resulted from: Natur	causes , Accident , Suicide , Homicide , Unde	termined manner ,
XAN LD LD WITH	195	10	TITLE (SPECIFY)	11 1/- 10-0
AN THE COLOR	-	SIGNATURE TO	D Sees M.D. Deg MEI	DICAL EXAMINER SIGNED 1977
DIC TE T TE T TE T S S S S S S S S S S S S S S S S S S S	1 .	EXAMINER'S NAME		- 1 0 0 41
MEDI ECUTE GE 4 FUNI TER DE	No.	(TYPE OR PRINT) John		minary Road, S.S. Md.
TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH	23a.B	URIAL, CREMATION, REMOVAL 2	CIT	OCATION YORTOWN COUNTY STATE
BP		Burial		llow Springs Cook Ill.,
DHMH - 17 (VR A15 ME (5))	24. F	warner E. Pun	ahrasansee The	Y REGISTRAR 25b. REGISTRAR'S SIGNATURE
30M 7/73		9424 Ca Azzo	C S Ma Marie Marie NOV 2	3 1979



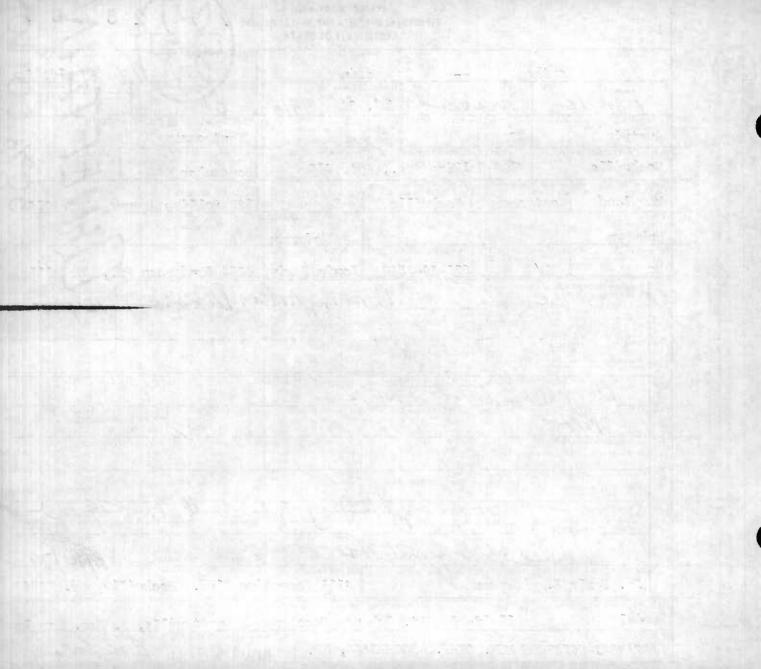
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT John D. Glasheen 11 30 79 4 RACE 5 DATE OF BIRTH 3 SEX 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS 18 TA MONTHS DAYS HOURS Male White 65 TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH IN CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Montgomery New York U.S.A. WIDOWED ID CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesda Suburban Personnel Dir. Govt. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13e STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Montgomery 5225 Pooks Hill Road Bethesda YES X NO T 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE John Glasheen Florence Lansing ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) 578-22-4006 Frances T. Glasheen-Address same as #13 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 11/30 220 I certify that (I) (this handled) attended the deceased fram saw the deceased alive an and that in (my) (aur) opinian death accurred on the date and haur and from the causes stated abave, (1) (4e) (did) (did not) view the body after death 22h SIGNATURE DEGREE 25. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINTING 22e ADDRESS should be with the S IRSCHBACH 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPEC IFY) Removal. Dec./3/79 Georgetown Med'l.School Washington, D.C. 250. DAJE REC'D. AY REGISTRAR 251. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 25M Chambers Funeral Home - Silver Spring, Md. (VRA 15, 4) 1/79

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STATE OF MARYLAND



8	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 9 2 8	409
6		CEASED NAME FIRST	MIDDLE	LAST		YEAR 26. HOUR
£ [N/d/s]	(TYPE	OR PRINT) Bertha		Gorin	11 14 -	79 20:25am
France.	3. SEX		RACE /	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER	
rector		1-cmale	Cancasian	Jul. 24 1898	8/ YRS MONTHS	DAYS HOURS MIN
2 hours	7a. BII	RTHPLACE (STATE OR FOREIGN 7	LE CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEA	TH
Seath Seath			USA	WIDOWED DIVORCED	Montgomery	MD.
01 by the fulled with		TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSII HENOT IN SUCH ACULTY, GIVE STREET 199 ROLLINS AV	ADDRESS) Apt. 675	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12b. K INDU Homemaker	KIND OF BUSINESS OR JSTRY Home
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hin hin sho		THER'S NAME	onler g HOCKOU	15. MOTHER'S MAIDEN N	AME	Apr. 613
ARY 27 With Mark Mar		FIRST M	IDDLE LAST	FIRST	MIDDLE	LAST
E, M		i <i>known</i> Vas deceased ever in u.s. arm	NED FORCES? 1166 SOCIAL SECT	JRITY NO. 17 INFORMANT	ADDRESS	
ond oges	(1	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			Maryland
Do Do	No				4309 Landgreen St.	Rockville,
BAI Cote cope avol. nt, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), or BY:	Art	en Dizerra	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ST.,		IMMEDIATE		Coronany/11	ny viscose	3 years
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PRESTON Compare the death of the offender corl mation, or troumation.		Conditions, If any, which gove rise to immediate	(b)			
Ex Ex the the rem		cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
that that a by ease of, c		underlying cause last.	(c)			
S, 20	7	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PA	ART 1(a)
RECORDS Medical law requires been signered in the prior tall sony injury.	CERTIFICATION	Corgeativ	e bort t	vilupe -		
Me Ne law law s be s prije s on y	ICA	140 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	286 AUTOPSY? 286 IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
	RTIF	11/1			YES NO YES	№ □
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ON OF SECTION OF SECTI	CAL	(IF EITHER, NOTEY MEDICAL EXAMINER)	P.M.	19		
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TTE prite prite af the 21 i 12		sow the decemed play or obove. (I) (western) I did not	view the body ofter death.	und that in my (our apinion	a death occurred withe date and hour and fig	in the couses stated
hos hos liked lept.		THE SIGNATURE	0.11	DEGREE		DATE SIGNED
AL DAL DIE		Tarle	1) MONYODO	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	114/70
HOSPITA ned by FUNERA JId be de ithe Stot		22d. PHYSICIAN'S NAME (TYPE OR		27e ADDRESS		11111
TO HOSPITA TO FUNERA should be d with the Sto		Dr. Earle B. I	hompson	6111 Execut	ive Blvd., Rockville,	, Md. 20852
0 4 5 4 3 8	23a. 8	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
0704- BP	Bu	SURIAL, CREMATION, REMOVAL SPECIFY) Mat	11-16-79 Mt	. Lebanon Cemetery	Hyattsville. P. C	Fen Mamilan
DHMH-16 50M 7/77	24. FL	JNERAL DIRECTOR		25a. D.A	ATE REC'D. BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE
(VR A 15 (4))	DA	NZÄNSKY-GOLDBER	G MEM. $CHAP^{ORESS}$ R	OCCUPATION NO	NOV 1 9 1979 Linkony	6.0

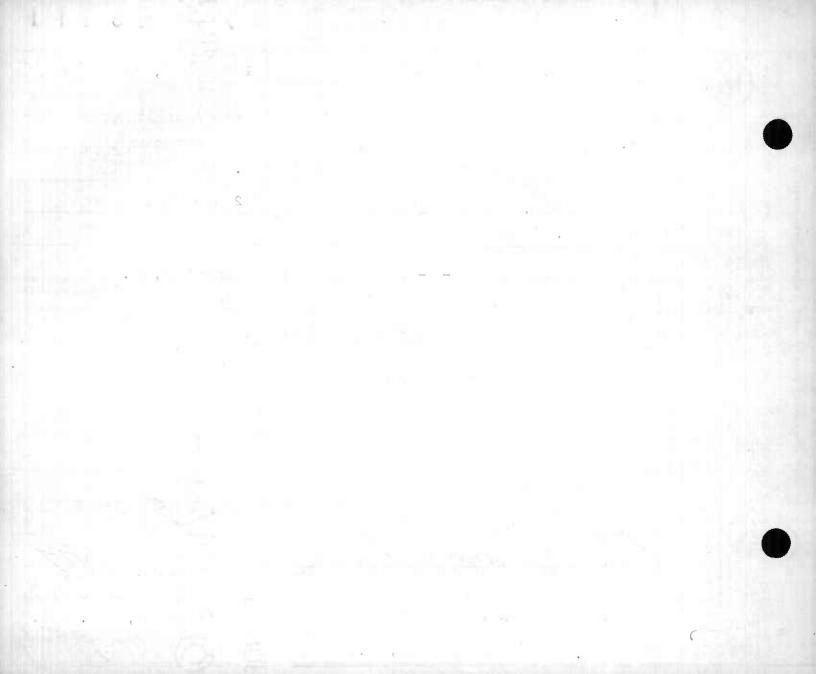


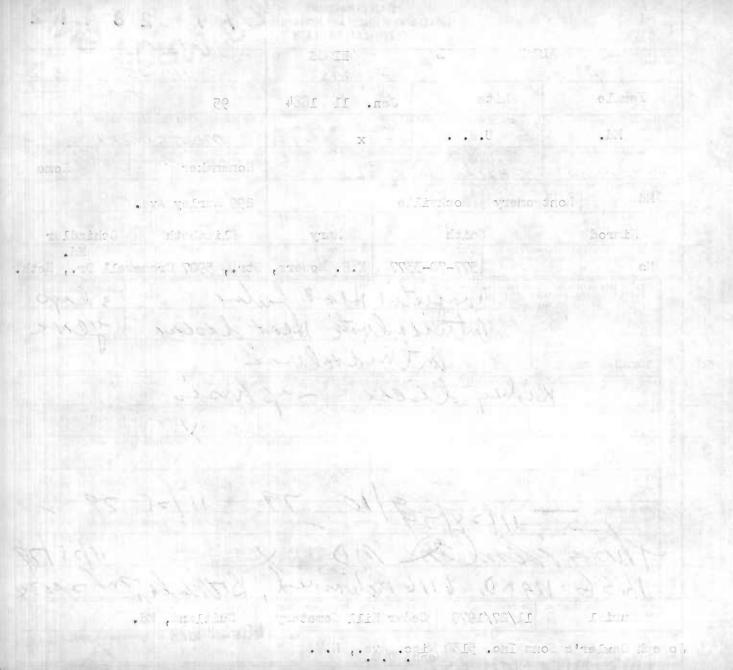
		tems #18a=22a F: for state registrar	Im G538 12/21/79 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. 1	28410
X S		CEASED NAME FIRST EUGEN	MIDDLE LAST Zo. DATE KNOWN	MONTH DAY YEAR 26. HOUR
VECESSARY, PLEA UNERAL DIMECTO 5 FOR YOU'S WITHIN 72 H		4. RACE ALE White RTHPLACE (STATEOR	5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 28, 1955 24 YRS. 7b. CITIZEN OF WHAT COUNTRY? 8.	11 23 19 79 P M
	FC	Wash. D.C.	U.S.A. WIDOWED DIVORCED MONTGOME:	TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
7 DEL 3 TO AIN P NRDS,				Hotel Suppl
EATH. IF ES 1, 2, NO 2 SH NO 2 SH		ryland Mont ATHER'S NAME FIRST Fluzehe	middle Last South Marie Last Last Marie Last	mwealth Drive LAST Kaiser
AFTER IVE PAGES 1	16a. \	VAS DECEASED EVER IN U.S. ARI ES, NO, OR UNKNOWN) (IF YES, GIVE		8 Kenwood Forest La
DS, 301 W. PRESTON ST. XECUTED WITHIN 24 HC G". IN PENCIL IN TEM 1 CAL EXAMINER ALONG A BURAL-TRANSIT PERMI A NO MENTAL HYGIENE, ION, OR REMOVAL.	MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a) stating the <u>underlying cause lost</u> .	BY: CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	BETWEEN ONSET AND DEATH
DF VITAL RECOR MATE SHOULD BE E WORD "PENDIN THE CHIEF MED! D BE USED AS A KENT OF HEALTH BURRAL, CREMATI		190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES \$₹ NO □
CERTIFICATE SI CERTIFICATE SI TING THE WOR DED TO THE C S SHOULD BE DEPARTMENT PRIOR TO BURIA		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM P.M. 19 21c. PLACE OF INJURY (ATHOME. 21f. LOCATION	18 PART 1 OR PART 2)
DIVISION TO MEDICAL EXAMINER: THIS CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUND BE FORWARDED TO FUND BE FORWARDED TO FUND FOR THE STATE DEPARTER DEPARTED FOR THE STATE DEP		death resulted fram: Natur ACTUAL SIGNATURE	street, FACTORY, FARM, ETC.) street city or town of the remains described above, held an Autopsy M., Inspection I., Inquiry I., Accident I., Suicide I., Homicide I., Undetermined manner I. TITLE SPECETY M.D. ASSISTANT MEDICAL EXAMINER 1 M. Dixon, M.D. ADDRESS.	ond in my opinion DATE SIGNED 11-24-79
BP	24. F	URIAL, CREMATION, REMOVAL PECIFY) Cremation UNERAL DIRECTOR NAME	Ib. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	Material State Materi

serie difficultamental fruits - Mark, at all sales would promite provide a lance in the response to secure . Host, st, devocates, it.

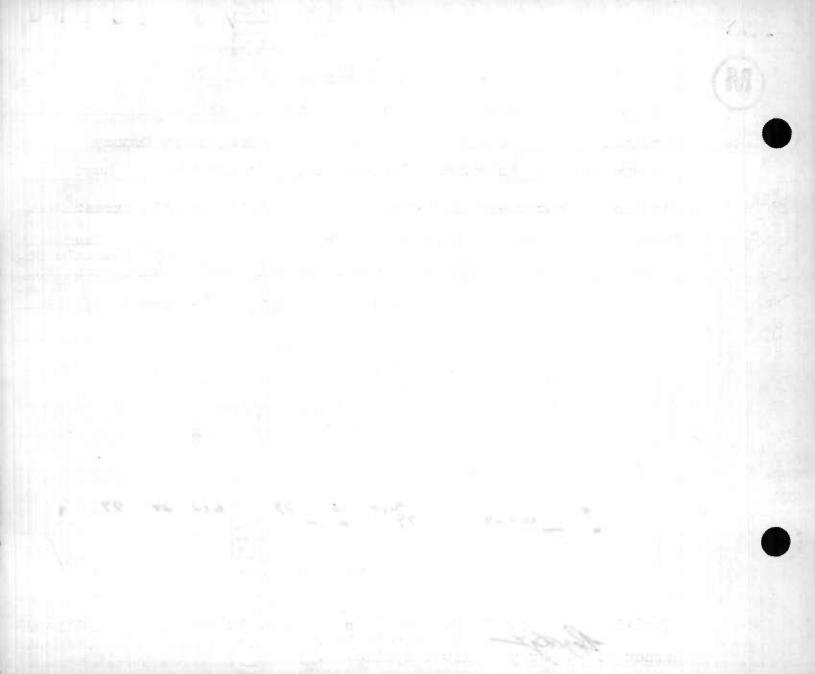
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1	FOR STATE REGISTRAR		DEPARTM		ALTH AND MENTAL HY	GIENE /	REG. NO.	2 8 4	
	DECEASED NAME FIR		MIDDLE	LAS	1	20 DATEC	F DEATH MONTH	DAY YEAR	26. HOUR
6	H. H.	PEARL I	EE GO	VER		MOV	EMBER 5,	1979	5:4
3. S		4 RACE		5 DATE OF	BIRTH YEAR	& AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 2
0.00	Female	White			h 24. 1900	79	YRS		HOURS
70.	BIRTHPLACE (STATE OR FOREIGH	N 76 CITIZEN OF	WHAT COUNTRY?	B.	☐ NEVER MARRIED ☐	9 BALTIM	ORE CITY OR COUN	ITY OF DEATH	
15/	Md.	US		WIDOWED	DIVORCED [Montgor	nerv	
19	Olney	11. NAME OF I	HOSPITAL, NURSING H, FACILITY, GIVE STREET LTGOMETY G	opress) eneral	OTHER INSTITUTION Hospital	TYPE OF WO	LOCCUPATION BELFOR MOST OF WORKING WITE	(12b. KIND C INDUSTRY Home	F BUSINE
US 13e	UAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		14 INSIDE CITY LIMITS?	IIIA STREET	T ADDRESS		
0	Maryland	Mont.	Rockvil	S	YES 📦 NO 🗆	302	Park Road	1	
14.	James J	T. MODE Day	LAST	1	s mother's maiden no	we elle	"Gray	645	E.
1 160	WAS DECEASED EVER IN U	5. ARMED FORCES?	16h SOCIAL SECUR	HTY NO. 1	7. INFORMANT		ADDRESS		
/	TO DO	FEE. GIVE WAR OR DATES)	213-74-0	982	Bessie Whin	, p	ockville.	Ma	
,	underlying couse to PART 2. OTHER SIGNIFIC	orth offe the ast.	R AS A CONSEQUENT ON TRIBUTING TO D	NCE OF	and Mas conchat of RELATED TO THE TERM	min my ainalysisea	metros SE OR CONDITION C	GIVEN IN PART III	9)
CERTIFICATION	190 DATE OF OPERATION	1 196 COND	ITION FOR WHICH (OPERATION	WAS PERFORMED	200 AUT	TOPSY? 206. IF	YES, WERE FINDING CAUSES	OF DEA
400		OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUP	RED (ENTERN	NATURE OF INJURY IN ITEM 1	18, PART 1 OR PART 2)	`
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA		STREET		CITY OR TOWN	COUNTY	S
	27a I certify that (I) (this bospital attended the deceased from 19, one that in (my) (our) opinion death occurred on the date and hour as above, (Higher) (did) (did not) view the body after death.								that (I) (couses st
	226 SIGNATURE	~ 77h	The	MI		MEDICAL DIRECTO	STAFF	22c. DATE	SIGNED
230	224 PHYSICIAN'S NAME	ES 4. /	tooper 1	no	and Address	Rea	es OVR	X DAN	12
230	BURIAL, CREMATION, REM	Nov. 8	,1979 ^{23c} 1	ame of cea Forest	Oak	23d LOC	ation caithersbu	rg, Mont	, '
)M /78	FUNERAL DIRECTOR Francis H.	Barber L	aytonsvil	le, Md	.20760 250 DA	TE REC'D BY	REGISTRAP 759 REG	ISTINES PROMIS	Age of





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- (M)		3. SE	V OTE FOU	R.		S. DATE O	BIRTH 1892	6 AGE (IN YEARS LAST BIRTH	DAY) #	UNCER I YEAR	IF UNDER 24 HRS
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1 O 1		_	-	no				Mrs. Virgir	ita Morte	Kens	APPROXU	MATE INTERVAL DINSET AND DEATH
8	рьух роф почо	event, the		18 CAUSE OF DEATH (Enter PART). DEATH WAS CAUS		ine for (a), (b), and	200	enter for	out dias	110	BETWEEN	Laws
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0.3	sit. T	ou A	CERTIFICATION	196 DATE OF OPERATION	19h CONDIT	ION FOR WHICH C	PERATION	WAS PERFORMED	20s AUTOPSY?	20b. IF YES.	WERE FINDIN	GS USED
A 7 3	nos berm	800	F							IN CERTIFYI	NG CAUSES	OF DEATH?
1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	ng physicion. certificate hos uriol-transit pe	हुं —	12	210. ACCIDENT WAS UNDERLYING	21b TIME OF	INJURY		21c HOW INJURY OCCUR	YES NOW			МОП
Y S S	phy rifico I-tro ol H	9		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M	A. MONTH DAY	Y YEAR	THE THE THE STATE OF COME	tee ferren more of moon.	17 17 201 10, 1 400	, i on i mi aj	
N 2 5	cer	He H	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 216, INJURY OCCURRED			19	211 LOCATION				
SS 25 F		p	MEC	WHILE O NOT WHILE O	216 PLACE C	ET, FACTORY, OFFICE, FAI	RM, ETC.)	STREET	CITY OR TOW	٧	COUNTY	STATE
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Z				22a. I certify that a (this has saw the deceased alive of	pitol) attended the	deceosed from	Sept	13 , 19 29 that (my) (ew) opinion	death severed as the de-			that 🐧 (we) last
	e hospital DIRECTOR sched for u	E 5		00000, (1) (010) (010)) view the bady o	ofter death.			death occurred on the do	re and nour o		
	DIR Dep	±		27b. SIGNATURE	-11-	-11 ^	Ü	EGREE ATTENDING	MEDICAL A STAF		22c. DATE	SIGNED
IAI			1	cew In	Mily	VN. L	1		MEDICAL STAF		11/1	-t/17
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0	TO FU should with th	0 1		A.W. SM				WHE	ATON, M	D. 20	3906	
3/	. 7 -	2	230	BURIAL, CREMATION, REMOVA	L ZIL DATE	23c. N	AME OF CE	METERY OR SPEAKED	23d LOCATION CITY OF TOWN	C	OUNTY	STATE
- 6	BP	_	В	urial	Nov.27	,1979 P	rovi	dence Metho	. Friendly	7.		aryland
	DHMH-16 2	0M	24. F	UNERAL DIRECTOR		843ARESGE			E REC'D. BY REGISTRAR Z	Sh. REGISTR	SP'S SIGNATI	We Broody
	(VRA 15, 4) 7		Wa	Letter pro-		Silver	-		MUV Z 7 13/	3 /	4	7



3	1,	FOR			DEPARTMENT OF	HEALTH A		HYGIENJE	9 2	8	41	4
	1	STATE REGISTRAR		ME	DICAL EXAMIN			OF DEATH	REG. NO).		
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(IVI)	3. SE	X	Jerem	Y KE	VIN 6 AGE IN YE	ARS IF UND	rodsky ER I YR. IF UNDER		ATH MATED	MONIH	29 1979 DAY YEAR	M HOUR
4	N	Male	White	JULY 2,	1971 LAST BIRTHO	AY) MONTHS	DAYS HOURS	MIN PRON	OUNCED	11	29 1979	10:25 P M
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A578471		JASHING	TON, D.C.	U.S.A.	SPITAL, NURSING HOME	WIDOWEL			Montgom		ounty,	MD.
V PAGE PRE FILED	Be	thesda		(IF NOT IN SUCH FA	chan Hospita	al		FOR MOST OF	WORKING LIFE)		OR INDUS	TRY
21201 IF ANY DEL 2. AND 3 TG 3. REFAIN FE SHOULD BE CORDS,	13a. S	TATE LAND	113h COUN	R OTHER INSTITUTION, G TY GOMERY	13 CHEVY CHA	OF 13	YES NO [13e. STREET AC 7317	MAPLE A	VENUE	, 200	15
S 1, S 1, PM		ATHER'S NAME FIRST VID		WIDDLE	GRODSKY	1	MARLENE		MIDDLE	G	I LBERT	
BALTIMORE, URS AFTER DE B. GIVE PAGE WITH FORM PAGES 1 AN DIVISION OF	16g. '	WAS DECEASE YES, NO, OR UNKNO	DEVER IN U.S. ARA		16b. SOCIAL SECURIT 219-68-696		Dr. DAVID	GRODSK	ADDRESS Y, same	as #1	3	
ST., HOLA 18 VG VG VE. LE. LE.		18 CAUSE O	ATH WAS CAUSED	N D V	e for (a), (b), and (c).) Multiple ske	eletal	and visc	eral in	juries		APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
PRESTON VITHIN 24 CIL IN ITE INER ALO ANSIT PE AOVAL.			ns, if any, which	DUE TO, OF	R AS A CONSEQUENCE	OF					1	
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L RECORDS, 301 V UUD BE EXECUTER "PENDING" IN PI EF MEDICAL EXA SED AS A BURIAL HEATH AND ME CREMATION, OR	z	PART 2 OTHER SI	GNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL OISEASE O	R CONDITION GIVEN IN PA	ART 1 a .				
TAL RECC	CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	ITION FOR WHICH OPER	RATION WAS	PERFORMED?				20. AUTOPSY	
OF VII			AL CAUSE WAS OR NG CAUSE OF I	21b. TIME O HOUR X		R	V INJURY OCCURRI				YES X	NO
CERTIFIC TING TH DED TO E 3 SHOU DEPART	MEDICAL	21d INJURY	OCCURRED	21e PLACE	OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f. LOCA	EET	CITY	DY AUTO	cou		STATE
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MINE TIFICA BE FO ECTOR		death result		al causes .	NOT	vicide	Homicide .	Undetermine				
XH2238		ACTUAL SIGNATURE	lerge	na Ll	blan nos	M.D	Assistan	t MEDICALE	XAMINER	DATE	11/30)/79
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU ATTER DEATH, A SATTER DEATH,	4	EXAMINER'S (TYPE OR PRI		Virginia	L. Dolan, 1					., MD		
18 SP STATE		BURI		12/2/1979		IEMORIA	AL GARDEN:		MONTO	GOMERY		LAND
DHMH - 17 (VR A15 ME (5)) 15M 7/76	24. 1	232 CA	RROLL ST	N HEBREWES	MEMORIAL FU	INERAL ON. D.	HOME 250. DATE	EC4	STRAR 256. REGI	ISTRAR'S SI	GNATURE	4

TALE OF BOOK OF SOME LEADING TO BE A TOTAL OF THE Marie Marie Marie Control

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE BH CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2g. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) **JAMES** CLAUD HAGER NOVEMBER 9,1979 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH AONTHS DAYS MALE WHITE JUNE 1943 6. 36 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED MARYLAND WIDOWED DIVORCED MONTGOMERY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL. NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BETHESDA THE CLINICAL CENTER CARPENTER BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 43a STATE 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 124 TULIP DRIVE Pla GAITHERSBURG MARYLAND MONTGOMERY 20760 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME 0 MIDDLE FIRST MIDDLE WILLIAM CLARK HAGER KATHERINE TRENE HURLEY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT SAME AS ABOVE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 1964-1970 220-40-3512 MRS. JANET HAGER (WIFE) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (D), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiorespiratory Arrest IMMEDIATE CAUSE (D)_ Minutes OR AS A CONSEQUENCE OF Pericordial Tamponade 24 hours Conditions, if ony, which gove rise to immediate stoting the Diffuse Histiocytic Lymphoma 3 8 Months PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 118 DIVISION OF VITAL RECORDS, CERTIFICATION 0 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? be YES X YES VV NO Mentol Hygi ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC/ 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK OCTOBER 22a.1 certify that the (this hospital) attended the deceased from NOVEMBER sow the deceased plive on NOVEMBER and that in (any) (our) opinion death occurred on the date and hour and from the causes stated obove, ## (we) (did) (did to t) view the body ofter death DEGREE 22c DATE SIGNED 11/10/79 -MEDICAL DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e. ADDRES NATIONAL INSTITUTES OF HEALTH ith the PREMOA FOSTER CENTER, BETHESDA, MARYLAND 23a. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 20205 23b. DATE 23d. LOCATION Burial CITY OR TOWN COUNTY Damascus, Montg. Nov. 13, 1979 Montgomery Meth. 24 FUNERAL DIRECTOR BY REGISTRAR 25b. RECUSTRAR'S SIGNATURE DHMH - 16 50M 1/76 Olin L. Molesworth, Damascus, Md. (VR A 15 (4))

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4-4	1-	FOR STATE REGISTRAR		DEPARTM	ERT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9 2	8 4 1 6
deoph deoph	1. DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRINT) SAMUEL FREDERICK HALL						November 18, 19	79 6:00 M
ector, po	3 SEX	Male	4 RACE White		5. DATE C	31, 1951	6 AGE (IN YEARS LAST BIRTHDAY) 28 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
nerol dir	Ke	RTHPLACE (STATE OR FOREIGN DUNTRY) Entucky	76 CITIZEN OF WHAT		8 MARRIEI WIDOWE	D NEVER MARRIED D DIVORCED X	Montgomery Court	
rs offer by the fu		TY OR TOWN OF DEATH Bethesda	Clinical Ce	nter,	Beth	esda, Md (NIH	OCCUPATION OTYPE OF WORK FOR MOST OF WORKING LI Engineer	126 KIND OF BUSINESS OR INDUSTRY I R S
AND 212 AND 212 n 24 haun filled in hauld be in	V 3	rginia Fa	OUNTY 13t CI	TY OR TOWN	admission)	13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	7429 Timaran	d Court 22079
MARYL ted within ampletely ond 2 s			E. Hall	LAST		Anna M	arie Hischmil	Ler
be execu	16a V	VAS DECEASED EVER IN U.S (\$5, NO OR UNKNOWN) (IF YES	ARMED FORCES? 16b. SC GIVE WAR OR DATES) 40	6-74	-033	Mrs. Anna Ha	11, 1337 Greenup Covington, K	St
ST., BAL ertificate g physici onpoper emoval. event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	USED BY Hea	art Fa	ailu			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 12 hours
deoth ce deoth ce ove corb		Conditions, if any, which	((b) dor	conseque able	outl	Status post et right ve	repair of ntricle	4 days
that the d by the eose rem ol, cremo		couse (a), stating the underlying couse lost	DUE TO, OR AS A	ngeni	tal .	Heart Disea		28 years
ords, 20	NOI	PART 2 OTHER SIGNIFICA		Renal	Fai	lure	INAL DISEASE OR CONDITION GI	
DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill this and Mental Hygiene prior to buriol, cremation, or removal. In and Mental Hygiene prior to buriol, cremation, or removal. In a shows any injury, or other traumatic event, the medical examples my orked or Item 18 shows any injury, or other traumatic event, the medical examples.	CERTIFICATION	November 1	8,19/9 Fai	ure	d Le	t Heart	YES NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES 🛣 NO 🗌
SION OF VITAL PHYSICIAN: The ending physicion this certificore the buriol-tronsit ad Mental Hygie d or Item 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.M. M	ONTH DA	Y YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
DIVISION NG PHY offendia frer this sos the but th and M priked ar	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ (AT HOME, STREET, FAC	TORY, OFFICE, FA		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIII spirol or CTOR: A J for use of Healt		220.1 certify that X (this hospital) attended the deceased from November 4 , 19 1979 , to November 18 , 1979 , that if (we) lost away, the deceased drive on November 10 , ond that in XIX (our) opinion death occurred on the date and hour and from the couses stated above, the west and 10 M M November 10 , ond that in XIX (our) opinion death occurred on the date and hour and from the couses stated						
TAI OR, yy the hoy RAL DIRE detached tote Dept tote Dept Till Item		22b. SIGNATURE	Va Ma	ul	/		MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED / 79
O HOSPITAL etained by the TO FUNERAL should be det with the State	-	22d PHYSICIAN'S NAME (TO	uloun	M.		Clinical Cer	onal Institutés d oter, Bethesda, M	
BP	-(Burial, Cremation, remo Specify) Burial	23b. DATE 11/23/79		t. Ma			COUNTY STATE -KentonCo Ky
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FI	Neral Director Chambe	ers Co., Si	Tver	Spr	ing, Md.	NOV 2 3 1979	TRAR'S SIGNATURE

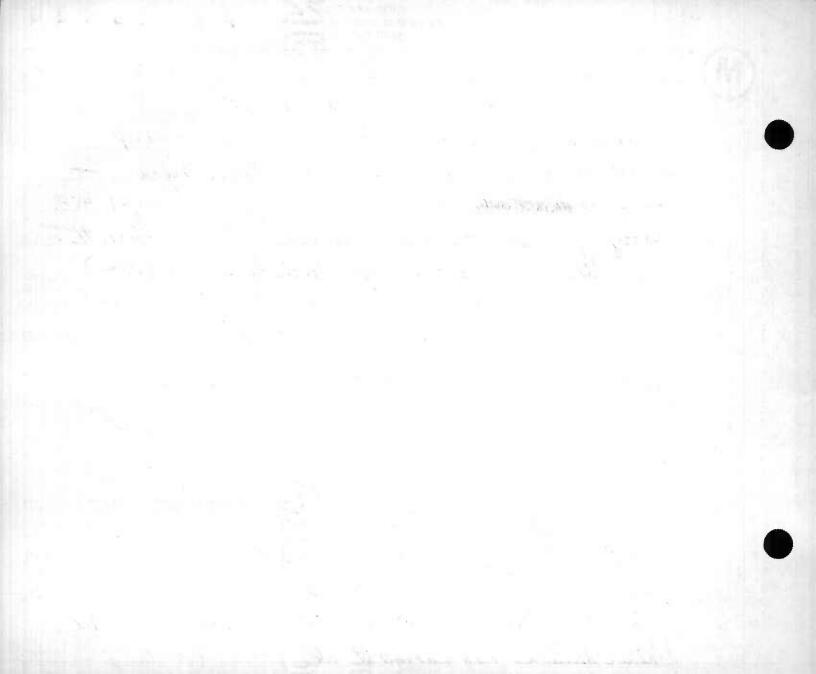
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S75-44-5526 Sitting I. V. V. V. V. V. See Boll. I.



24	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE / 9 2 8	421
be 3	1. DECEASED NAME FIRST MID (TYPE OR PRINT) ESTELLE D	n. HiLL	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR O
pe 4 mo erter, po	Female Whit	te Sept. 25,1911	6. AGE (IN YEARS LAST BIRTHOAY) IF U	NDER I YEAR IF UNDER 74 HRS THS OAYS HOURS MIN
(NA) SE	BIRTHPLACE (STATE ORFOREIGN TO CITIZEN OF WE COUNTRY) Mass. U.S.	11100000	9 BALTIMORE CITY OR COUNTY OF Montgomery	DEATH MD.
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AND 212	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIT	veresidence before admission) c. CITY OR TOWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 12200 Westmon	
MARYL, monthletel ond 2 1	14 FATHER'S NAME FIRST MIDDLE John J.	Morrison Lillian	Mipofe.	Rivest
IMORE, oe execution and co. Poges t	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (YES, NO OR UNKNOWN) (IFYES, GIVE WAR OR DATES)	b social security No. 17 INFORMANT 016-10-0254 Kathryn L		chester Ln.
i, 201 W. PRESTON ST., BA ires that the death certificate gred by the oftending physic in please remove corban pape burial, cremotion, or removal ry, or other troumotic event, the	Conditions, if ony, which gave rise to immediate couse iol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CON	ASTATIC CARLINOMA OF	DBREAST. AINAL DISEASE OR CONDITION GIVEN I	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MONTPA
LI RECORDS. The low requiper. The been significant to be the permit. There were prior to be the prior to be		INAL CORD COMPRESSION ON FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF YES, WI	ERE FINDINGS USED G CAUSES OF DEATH? NO T
DIVISION OF VITAL NG PHYSICIAN: The ottending physicion fifer this certificate h os the buriol-transit pit and mental Hygier in and mental Hygier orked or them 18 should have been	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF	MONTH DAY YEAR 19 INJURY 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PART)	OR PART 2)
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TO HOSPITAL TO HOSPITAL TO FUNERAL should be det with the Store IMPORTANT:	230. BURIAL, CREMATION, REMOVAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION COU	789
DHMH - 16 50M 1/76 (VR A 15 (4))	Burial Nov/21 24 FUNERAL DIRECTOR Nalley's Funeral Hom	12fu DAT	Y So Hadley-Ham	psnire-Mass.

recommunant z .7.2.11 Catanan Variation of Later , Aventiat Hose. Let. Admin. 18. 19: 5 Taryland Fringer No. 9 arts | 1273 | Restant Parks MERCH ONLY ESTA - alo-10-00 Su Mesonya L. Sharbar swie, M. . 2 .appli-orizonani-valber.t: Tentero; enc. .dt alling former inter-. D. andred .i -sate from F styling . M.

7		1	FOR - STATE REGISTRAR	DEPA		TH AND MENTAL HYG ATE OF DEATH	REG. NO.	20444
			DECEASED NAME FIRST	MIDDLE	LAST	ter (sala) (s	20. DATE OF DEATH MON	TH DAY YEAR 26. HOUR
(AA)	least least		Ra1ph	S.	His1	e Jr.	November	18 1979 6:16P _M
(IAI)	fter	3 5	SEX .	4 RACE	5. DATE OF BI	RTH DAY YEAR	6. AGE IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN
oge recto	o sun		Male	Caucasian	Nov	10 1932	47	YRS
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deoi	To to	/	Vash. D.C.	U.S.A.	WIDOWED		Montgon 120 USUAL OCCUPATION	
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	dicol	/ 160	WAS DECEASED EVER IN U.S. AR.	WAR OR DATECT		INFORMANT	ADDRESS	
BALTIMORE, ate be execu	s. Page		(YES, NO OR UNKNOWN) (IF YES, GIVE	217-2	3-8075 N	Mary N. Hi	sle (Same a	
BAL cate	oper vol.		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b).	and (c)	a growthing	Planting !	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	remo			E CAUSE (0) CARD	1 BC (31	RREST		Hours
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RES de de de	trou		Conditions, if ony, which gave rise to immediate	(b) OKILLED	schekonic	HEART DI	3013E	1-10-125
3 5 7	crem		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	DUENCE OF			
	oriol,		PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING	O DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PART 1(a)
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bee bee	prior		190. DATE OF OPERATION	196. CONDITION FOR WH	CH OPERATION W		200 AUTOPSY? 200	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
AL R	if perience	CERTIFICATION	0		0		YES NO	YES NO
VIT AN:	Hygi 18 sh	1 1	OR CONTRIBUTING CAUSE OF DEA	110110 1 11 11011011	DAY YEAR	e HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
NO NO SICI,	lenta Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	LOCATION		
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ottending physicion. offert this certificate has been, sig	e os the bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		STREET	CITY OR TOWN	COUNTY STATE
	vse o lealt		220 I certify that (I) (this hospi	tol) ottended the deceased fro	09//		to JUNC	19 7 9, that (I) (we) lost
ATTEND spitol o	of h			JUN 2 11			death occurred on the date o	and hour and from the causes stated
OR A	Dept Dept		22b. SIGNATURE	1 Ou 10.	DEG	REE ATTENDING	MEDICAL _ STAFF	22c. DATE SIGNED
ITAL by th		_	Molent a	Jugar M	0	PHYSICIAN (DIRECTOR PHYSICIAN	11/19/79
JS P	should be det with the State IMPORTANT:		Dr. Robert	0			nsin Ave. C	hevy Chase, Md.
5903 BP_	±33 <u>−</u>	23	BURIAL, GREMATION, REMOVAL	23b DATE 11-21-79		Hill Cem.	Suit Tand	COUNTY Md STATE
DHMH - 16 50 (VR A 15)		24	FUNERAL DIRECTOR RObel	A. Bethesda	y Funer	a1 250. DAT	E REC'D. BY REGISTRAR 256.	RESISTRAR'S SIGNATURE

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MIDDLE

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

YEAR

2b. HOUR

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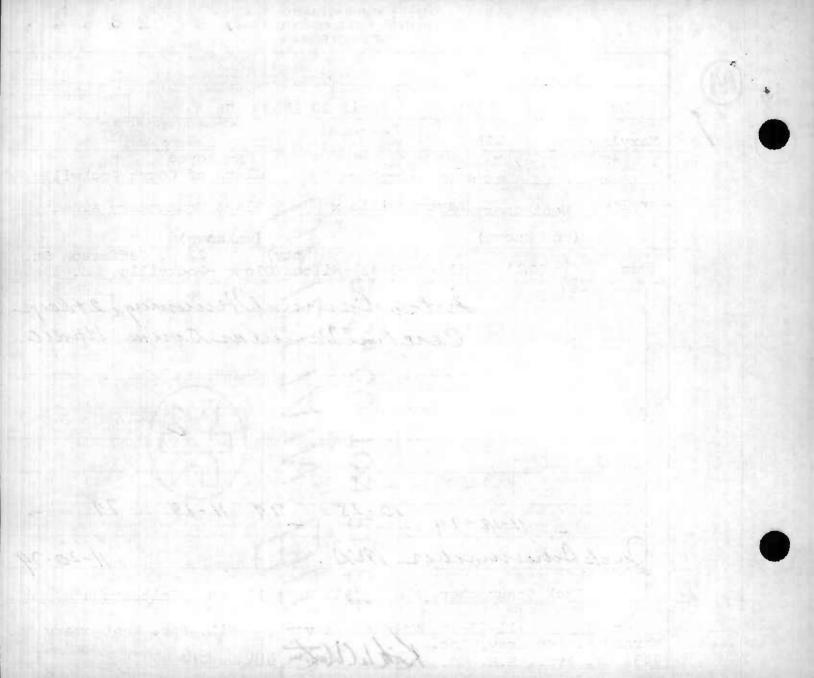
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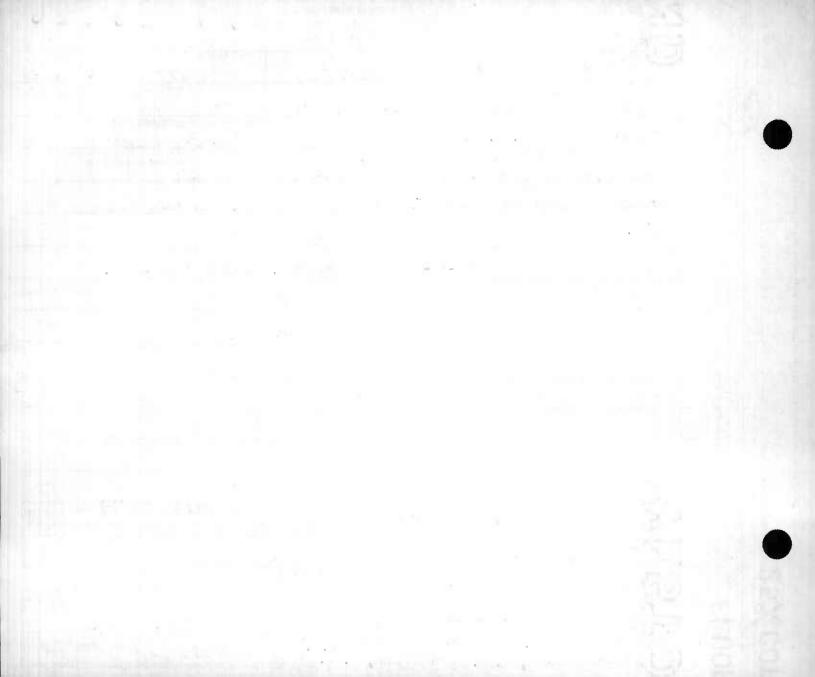
13			FOR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H	YGIENE 7 9 2	8 4 2 4
,		1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
-			CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
· (A)	1)		Robert	Α.	Hughes	November 19,	1979 12:25PM
I. C.		3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
age .			Male	White	April 20 1903	TING	
P P P P P P P P P P P P P P P P P P P	uce.		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	TRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
death uner	500		aryland	USA	WIDOWED DIVORCED	Montgomery Co	unty MD
ofter after d will	Polyton G	10 C	TY OR TOWN OF DEATH	I IF NOT IN SUCH FACILITY, GIVE S		12 FUSION TO STRATION	126 KIND OF BUSINESS OR INDUSTRY
1201 Jurs ours e file	801	USU	Olney	Montgomery G	eneral Hospital	Clerk of Cour	t Rockville, Mo
ND 2 24 hc filled a	35)3a	ryland 136 COU	INTY 13r. CITY OR	TOWN 13d INSIDE CITY LIMITS?	2 1508 Montgome	erv Avenue.
ryLA rthin	iner	14. F/	THER'S NAME	gomery -	15 MOTHER'S MAIDEN	NAME	
MAR med w amplet	\$ 50		(un	known)	FIRST	(unknown)	LAST
ORE xecu	dica	- (VAS DECEASED EVER IN U.S. A	VE WAR OR DATES)	SECURITY NO. 17 INFORMALLY)		efferson St.
TIM:	e He		yes W	W11 214-2	8-3943 Milton C	logg -Rockvil	
BAL cate	nt, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line or 101, 16	, and (c)	101	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	eve			ATE CAUSE (a)	ra-Cruma	1 terrement	4 2 House
PRESTON ne death o	n, ar matir		4327	DUE TO, OR AS A CONSI	QUENCE OF	Dreuman Car Duck	11
e de att	frau		Conditions, if any, which gave rise to immediate	(b)	erral vancu	eassure	a unace.
W. I of th	other		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSI	QUENCE OF		
201 es th	urial,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION C	SIVEN IN PART 1(n)
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RECORD:	any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
ALR he le has	S ows	Ē					YES NO
VIT. IN. I hysic bysic icate	18 sh	Ü	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 216. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM)	B, PART 1 OR PART 2)
SICIA Pg pl	ltem	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	LATE OF THE PARTY	19		
DIVISION OF VIT NG PHYSICIAN: attending physic dier this certifican of the burial-trains	d ar	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING or att	ith ai		WHILE NOT WHILE AT WORK		<u> </u>	0 11 10	74
END of o	Hea is			oital) attended the deceased from		on death occurred on the date and h	, 19 , that (I) (me) lost
ATTEN ospital ECTOR:	ot. of		sow the deceased alive a above, (I) (we) (did) (did n	of view the body after death.	DEGREE	an decim occurred on the dote ong h	22t DATE SIGNED
the h	H He		Jack Den	umsche	ATTENDING		11-20.70
	TANT		12d. PHYSICIAN'S NAME (TYPE		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	11-0.19
O HOSI	with the Sto		Jack :	Schumacher,	MD 105 Russe	ll Ave., Gaith	nersburg, Md.
5 a 5 a	3 ≥	23 a.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATOR		COUNTY STATE
0/0'BP			Burial	11-23-79	Gate of Heaven	Sil Spr A	Montgomery Md.
DHMH - 16 50M		2W	THERECE. Pum	phrey, Incappres	1-/1 (1 (-1) 250 D	ATE REC D. BY REGISTRAR 256. REG	STRAR'S SK HATTIE
(VR A 15 (4))		134 Ga. Ave.		of le Warm N	0V2319/9	



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APPLICATION No. or	1	REGISTRAR DECEASED NAME FIRST TYPE OR PRINT)	Charles Rote Irwi	CERTIFICATE OF DEATH	REG. N	MONTH DAY YEAR 26 HOUR
TAN TE		INFAN	T BOY	TRWIN		11 24 79 6:138
2	3	SEX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HR
ge 4		Male	white	Nov. 24,1979	0	YRS MONTHS DAYS HOURS MIN
death. Pourerol din 72 hac.	35	BIRTHPLACE (STATE ORFOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED	BALTIMORECITY C	DR COUNTY OF DEATH
s ofter of by the fulled with notified		'akoma Park	11. NAME OF HOSPITAL, NURS	ing home or other institution that is I Hospita	120. USUAL OCCUPAT	ION 12b. KIND OF BUSINESS C INDUSTRY
hin 24 hour ely filled in I should be f	35	SUAL RESIDENCE (IF NURSING HO BO. STATE 138 C	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO OUNTY 136 CITY OR TO	WN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS 7700 Kep	pelPlace
xecuted with	0	Charles R was deceased ever in u.s	MIDDLE LAST ARMED FORCES? 16b SOCIAL SEC GENERAR OR DATES)	Winginia	M. Boudre	au xxxxxxxxx43xx
Po on o		NIA	S. CYE/AR OR DATES) N/A	Gerald J.	Boudreau	
e death certifico e attending phys nove corbanpop totion, ar remave traumotic event,		Conditions, if ony, which gave rise to immediate	DUE TO, OR AS CONSEO	noturty		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
by the		underfying couse las	DUE TO, OR AS A CONSEQUE	UENCE OF		
equires that the n signed by the Then please rer rto burial, crem injury, or other		PART 2 OTHER SIGNIFICA	DUE TO, OR AS A CONSEO (c) NT CONDITIONS CONTRIBUTING TO WATUR	D DEATH BUT NOT RELATED TO THE TER	rminal disease or con	DITION GIVEN IN PART 1(0)
on. he low requires that the on. has been signed by the permit. Then please rerene prior to burio!, cremene prior to burio!, cremene one prior to burio!, cremene prior to burio!, cremene prior to burio!	2	PART 2 OTHER SIGNIFICA	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO WATER 196. CONDITION FOR WHICE	D DEATH BUT NOT RELATED TO THE TER THOPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
AN: The low requires that the hysician. Include the been signed by the transit permit. Then please ret Hygiene prior to buriol, crem 18 shows any injury, or other	1	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	DUE TO, OR AS A CONSEON (c) NT CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. COND	D DEATH BUT NOT RELATED TO THE TER THOPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
iding physician. The law requires that the iding physician is certificate has been signed by the busiel-transit permit. Then please ret. Mental Hygiene prior to burial, crem or tem 18 shows any mjury, or other	1	PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C	DUE TO, OR AS A CONSEON (c) NT CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE TO THE OF INJURY HOUR A.M. MONTH	D DEATH BUT NOT RELATED TO THE TER TH OPERATION WAS PERFORMED 216. HOW INJURY OCCU 19 216. LOCATION	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18, PART 1 OR PART 2)
DDING PHYSICIAN: The law requires that the or attending physician. After this certificate been signed by the se as the build-transit permit. Then please recoilth and Mental Hygiene prior to burial, crem marked or them 18 shows any injury, or other	1	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this 1) sow the deceosed oliv obove, (1) (we) (d) (d) (d)	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH HOUR A.M. MONTH INFER P.M. 216. PLACE OF INJURY	DEATH BUT NOT RELATED TO THE TER THOPERATION WAS PERFORMED 21c. HOW INJURY OCCU 19 21f. LOCATION STREET 79, and that in (my) (our) apinio	200 AUTOPSY? YES NO NO NOTIFIED (ENTER NATURE OF INJUITED OR TOVE)	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18, PART 1 OR PART 2) NN. COUNTY STATE 19 that (1) (we) to dee and hour and from the causes stated
by the hospital or attending physician. By the hospital or attending physician. ERAL DIRECTOR: After this certificate has been signed by the edetached for use as the burial-transit permit. Then please reports to Health and Mental Hygiene prior to burial, cremits them 21 is morked or Item 18 shows any injury, or other them 21 is morked or Item 18 shows any injury, ar other	1	PART 2 OTHER SIGNIFICA PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF CIPE EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this is sow the deceosed olivobove, (1) (we) (did)	DUE TO, OR AS A CONSEON (c) NT CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 3	DEATH BUT NOT RELATED TO THE TER THOPERATION WAS PERFORMED 21c. HOW INJURY OCCU 19 21f. LOCATION STREET 79, and that in (my) (our) apinia DEGREE ATTENDING, PHYSICIAN	Z00 AUTOPSY? YES NO NO NOTION	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18, PART 1 OR PART 2) NN. COUNTY STATE One and hour and from the causes stated 22c. DATE GIGNED FF
OR ATTENDING PHYSICIAN: The law requires that the hospital or attending physician. NRECTOR: After this certificate has been signed by the hed for use as the busicians permit. Then please repet of Health and Mental Hygiene prior to bursal, cremiten 21 is marked or tem 18 shows any injury, or other	7	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this 1) sow the deceosed oliv obove, (1) (we) (d) (d) (d)	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF DEATH HOUR A.M. MONTH HOUR A.M. MONTH HOUR A.M. STREET, FACTORY, OFFICE OF THE PROPERTY OF DEATH HOUR A.M. MONTH HOUR A.M. MONT	DEATH BUT NOT RELATED TO THE TER THOPERATION WAS PERFORMED 21c. HOW INJURY OCCU 19 21f. LOCATION STREET 79, and that in (my) (our) apinia DEGREE ATTENDING, PHYSICIAN	ZOO AUTOPSY? YES NO NO NOTICE OF INJUINATION TO A TOWN	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PART 1 OR PART 2) NN. COUNTY STATE Office and haur and from the causes stated 22c. DATE 61GNED

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4	1 -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE / 9 2 REG. NO.	8 4 2 8
A pe	(TYPE	CEASED NAME FIRST HARRY	WIDDLE	JENKIN	11-1.	3-79 1/A M
ris on the contract of the con	3 SEX	MALE	4 RACE WHITE	FEB. 3, 1886	93 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
death. Per	C	RTHPLACE (STATE OR FOREIGN RUSSIA	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGOMERY	OF DEATH MD.
by the fr		SILVER SPRING	HOLY CROSS HO	SPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE TAILOR	126 KIND OF BUSINESS OR INDUSTRY GARMENTS
AND 21:		MARYLAND PR.	GEORGES BERWYN	HEIGHTSES X NO [13e STREET ADDRESS 5821 RUATAN S	TREET
MARYL ampletely and 2 si		THER'S NAME ABRAHAM ISAA		15 MOTHER'S MAIDEN NA	MIDDLE (INKNOWÑ)
TIMORE, be executed and control on and control on the control of t	16a V	VAS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES, GIVE VES WW	WAR OR DATES)		DES, same as #13	
ST., BAL errificate g physici ian paper remaval event, titl		PART I. DEATH WAS CAUSE	ily one couse per line for (a), (b), an D BY: TE CAUSE (a)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON on the death co y the attendin se remove carb cremation, or		Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CONSEQUI	me Kent Fo	-lone	1-2 untlo
requires the signed I Then plec	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	EN IN PART 1:0
AL RECORDS The low requirence The low requir	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES IN CERTIFY YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
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ATTENDING A		22a. certify that (1) (this hospi saw the deceased alive an above, (1) (we) (deceased no	tat) attended the deceased from 1/- 13 19 21 view the body after death.	9, and that in (my) (our) opinion	death accurred on the date and hour	ond from the couses stated
PITAL OR A by the hard ERAL DIREC se detached State Dept.		22b. SIGMATURE SCUS	her, his	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11-13-79
TO HOSPITAL TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYPE O			HAMPSHIRE AVENUE	SILVER SPRING, MARYLAND
19800 BP	(3	urial, cremation, removal pecify BURIAL	11/14/1979 Of	MODEOLTIAN OFHITTE	WASHINGTON	D. C.
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STATE OF MARYLAND

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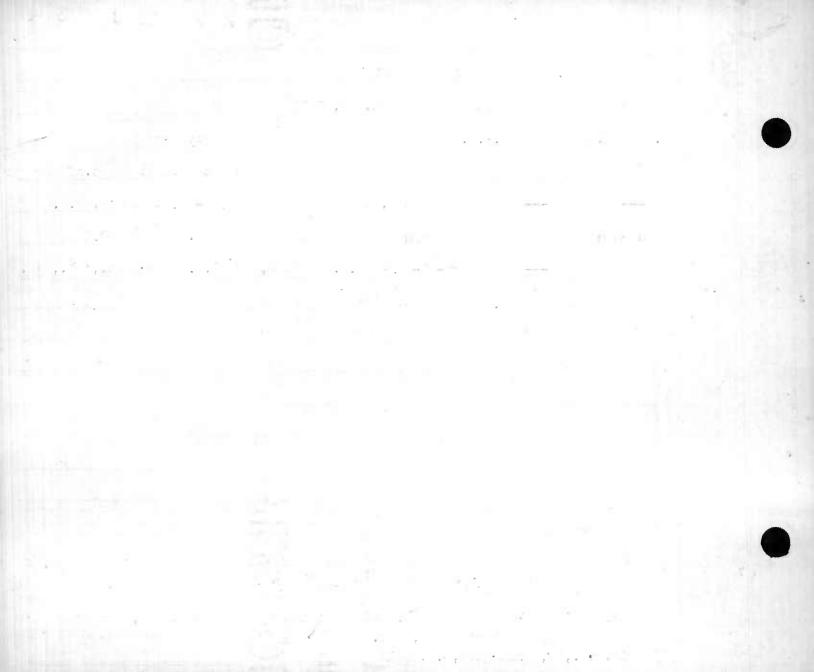
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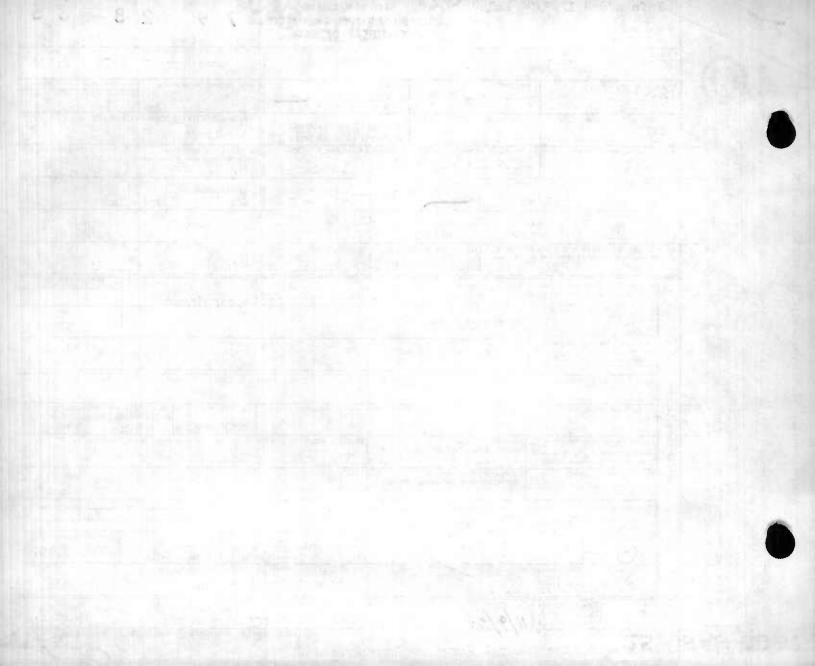
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STATE OF MARYLAND



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TO HOSPITAL retained by the TO FUNERAL should be detained with the State MPORTANT:		D. B. (COLVI	N, M.D.			220 ADDRESS National Na	val Medical		er, Beth	esda, Mo
F € F 5 € BP	Ć	SURIAL, CREMATION, SPECIFY) remation	REMOVAL	11/9/			emetery or crematory litan Cremat				state irginia
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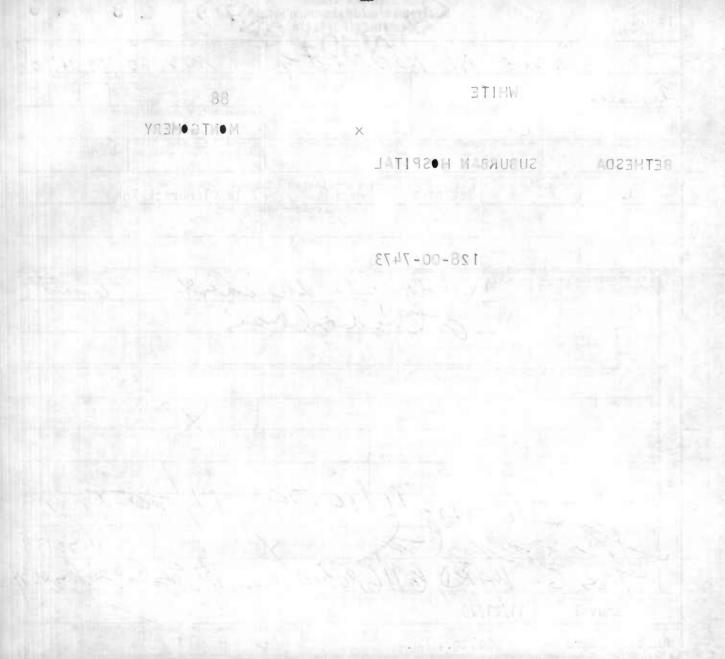


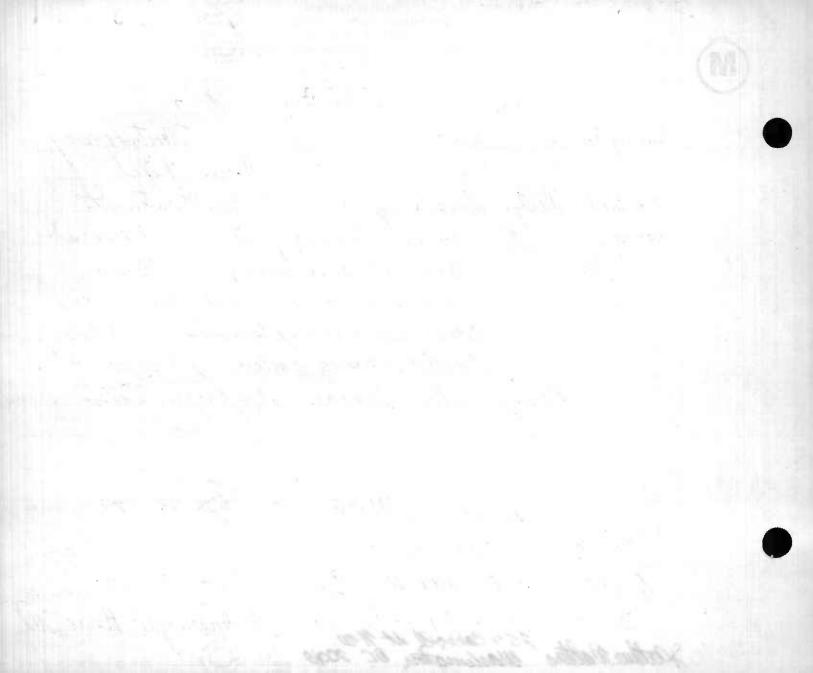
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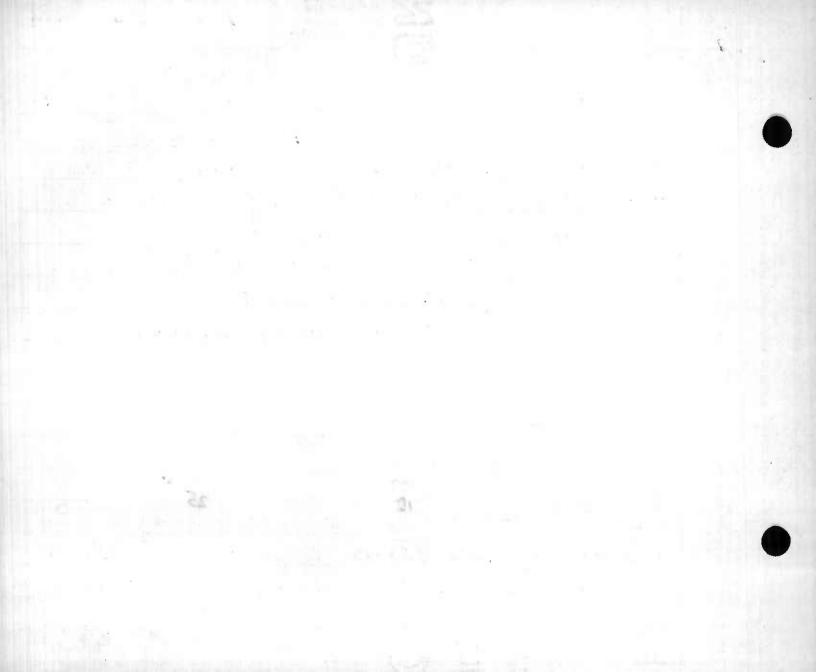
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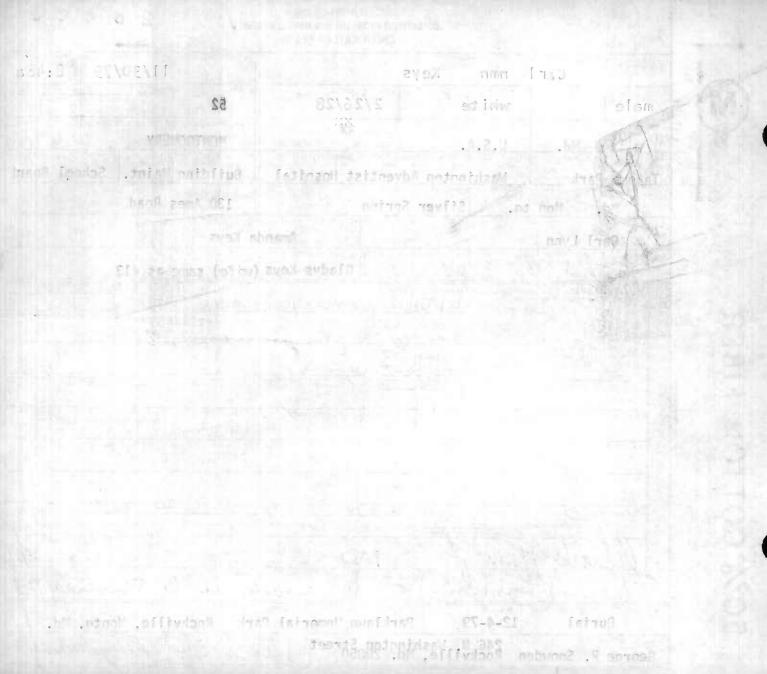
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STATE-OF MARYLAND









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26	1 - STATE MEDICAL EXAMINED'S CERTIFICATE OF REATH
1	REG, NO.
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	SEX M 1 RACE S. DATE OF BIRTH LAST APPLICATION MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 11. 26,979
	76. CITIZEN OF WHAT COUNTRY? NEW YORK 76. CITIZEN OF WHAT COUNTRY? U.S.A. 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED 10. CITIZEN OF WHAT COUNTRY?
	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORKING LIFE) OR INDUSTRY U.S. GOVERNMEN
	JSUAL RESIDENCE (AND INFO HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 131. COUNTY 132. CITY OR TOWN 134. INSIDE (ITY LIMITS? 130. STREET ADDRESS 130. STREET ADDRESS
	A FATHER'S NAME FIRST JOSEPH KIEFFER BARBARA BAUMAN LAST BAUMAN
	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES WW 11 118-07-1064 SARAH C. KIEFFER SAME AS 13 WIFE
	18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), ond (c), PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate cause (a) stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO DE 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
	TONDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19
	21d. INJURY OCCURRED VHILE AT WORK 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner , TITLE (SPECIFY) M.D. DEP MEDICAL EXAMINER DATE OF SIGNED OF 24 1977
I	JOHN S. ROGERS ADDRESS SILVER SPRING, MARYLAND 36. BURIAL, CREMATION, REMOVAL 1236, DATE 1236, NAME OF CEMETERY OF CREMATORY 1236, LOCATION
	36. BURIAL CREMATION, REMOVAL 236. DATE Arlington National Cem CITY OR TOWN Arlington Virginial CATE OF HEAVEN
	THE FUNERAL DIRECTOR FRANCIS T COLLINS 250. DATE REC'D. BY REGISTRAR'S SIGNATURE
ĺ	500 UNTU BLUD, W. STLVER SPRING, MD. 20901 NOV 2 7 1979

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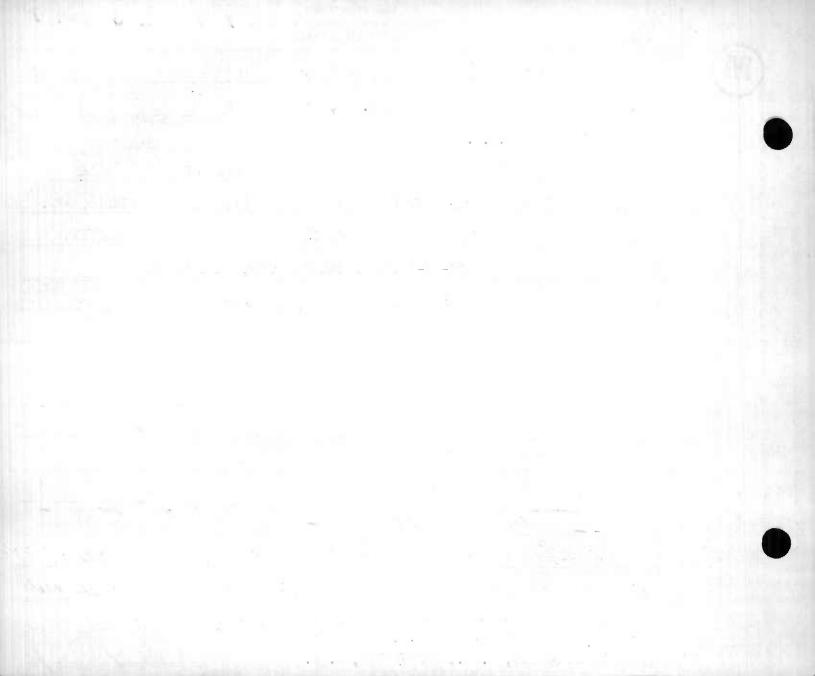
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22	1,	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 2 8 4 4 6
	Ĺ	- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
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Poge directo	3. SE	FEMALE WIFITE APRIL 8,1910 69 YRS. MONTHS DAYS HOURS MIN
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rs ofter by the filled with	5	18 HOT IN SUCH FACILITY, GIVE STREET ADDRESS) 17 HO USE WATE TO WORK FOR MOST OF WORK FOR WORK FO
MARYLAND 2120 ed within 24 hours ond 2 should be file ecominer must be no	130	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 13. COUNTY 13. COUNTY 13. CITY OR TOWN 13. INSIDE CITY LIMITS? 13. STREET ADDRESS 13. STREET
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BALTIMORE, M. cote be executed ysrcion and compopers. Pages 1 or ovol.	160	WAS DECEASED EVER IN U.S. ARMED FORCES? WES, NO OR UNKNOWN 15 YES, GIVE WAR OR DATES) NO -20.55, CHARLES B. FARQUIMER ARI. VA
W. PRESTON ST., of the death certification by the attending phase remove carbonp cremotion, or remotion, or remotive the other traumotic even		APROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS ACONSEQUENCE OF Underlying cause last PART/2 OTHER/SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERVALINAL DISEASE/OR CONDITION GIVEN IN PART 1/at
he low requion. on. hos been surpermit The ene prior to lows ony niju	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1206 AUTOPSY? 1206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1 YES NO 1
SION OF VITA PHYSICIAN TP ending physicic this certificate the burial-transit and Mental Hygin d or Item 18 sh	MEDICAL CE	216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21b. PLACE OF INJURY 211 LOCATION
ENDI olo olo OR A Heol	ME	WHILE AT WORK AT WORK [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] 270. I certify the United the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19
biRECT ched for Dept. o		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN
TO HOSPITAL retoined by the TO FlunkRAL should be deto with the Store I		Wohn O. Allin M.D. 8218 Wisconsin Ave. Bethody, Mcl. 20014
46BP	L	BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE
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1102 W. BARAD ST. F.C. UA.

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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FOR

- STATE

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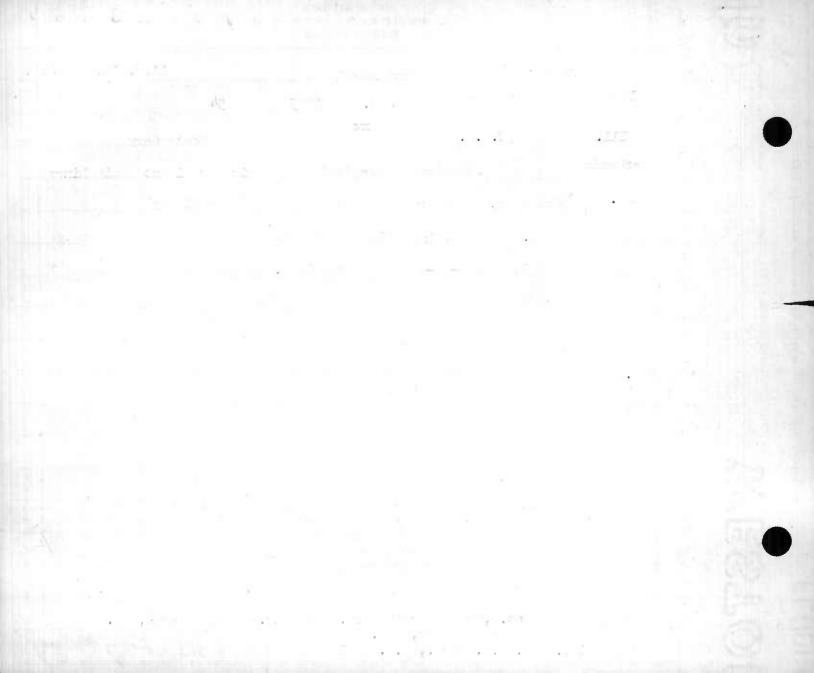
REGISTRAR

DECEASED NAME

STATE OF MARYLAND

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2e DATE OF DEATH MONTH 2b. HOUR 11.5. 79. 8:22P. 6. AGE LIN YEARS LAST BIRTHDAY! IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** Montgomery 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Vice President Ship Lines 5606 WOOD Way LAST Coates ADDRESS Kuvkendall Same As APPROXIMATE INTERVAL montdi 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB, PART T OR PART 2) COUNTY STATE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c DAVE SIGNED STATE Falls Church, Va.



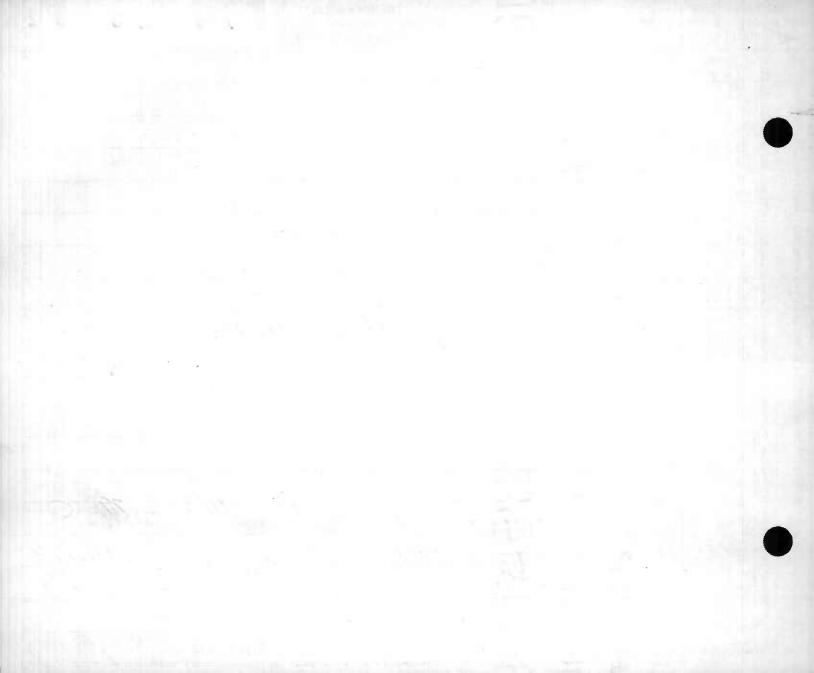


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nd , be	3. S		4 RACE	5 DATE OF E	BIRTH	6. AGE (IN YEARS LAST BIRTHDA	IF UNDER I YEA	AR IF UNDER 24 HRS
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h. Po ol dir 2 hou		BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR C		
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within 24 haurs etely filled in by 3 2 should be filled manner mont be had	/	D.C.		hington	res NO	7910 13th	St. N.W	20012
withii withii d 2 sl	(Al	ATHER'S NAME		15	. MOTHER'S MAIDEN NA	AME	1.000	
omp of one	-1	homas	Lamb		Eugenia		Gonidito	stis
BALTIMORE cate be execu- ysician and cappers. Pages aval. t, the medical	3 [WAS DECEASED EVER IN U.S.	GIVE WAR OR DATES)		rs. Virgi	nia Lambis,	same as mother	above)
BAL1 cote ysicia opers val.		18 CAUSE OF DEATH (Enter	only one cause per line for to	1, (b), and (c) 5.1 F	,		APPRO BETWEEN	N ONSET AND DEATH
ST., ertific g ph oon pr remo			IATE CAUSE (0) SHOC	K Z	cardiac			lays
PRESTON he death come attending the motion, or retraumation.		2824	DUE TO, OR AS A CO	INSEQUENCE OF R	ecurrent	ventricular		
RES		Conditions, if ony, which gove rise to immediate	Tachy	cardia, ca	rdiac arr	est	4 a	lays
V of the		cause (0), stating the underlying cause lost.	(Bothala	ssemia, he	mosideros	is		以三前
NG PHYSICIAN. The law requires th ottending physician. The law requires the cuttending physician. The buriol-transit permit. Then plea os the buriol-transit permit. Then plea it and Mempil Hygiene prior to buriol, orked or them 18 shows ony injury, or orked or them.	7	PARL 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE OR CONDITI	ON GIVEN IN PART)(a)
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e law n. nas be permi	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION V	VAS PERFORMED	11	DE IF YES, WERE FIND N CERTIFYING CAUSE	ES OF DEATH?
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To de la E		22a 1 certify that (I) (this hos	spital) attended the decease	d from Octobe	r 9 19 79	, to Novembe	r 20 79	, that 🔀 (we) last
ATTEN Spital CTOR: d for us		saw the deceased olive	on November 2	0 19 79 , and t	hat in ፙፙ(aur) opinion	death occurred on the date	and hour ond from th	ne causes stated
OR A Poliker Direction of Item		22b. SIGNATURE	10000		GREE		22c. DAT	TE SIGNED
Al th		C Beph R	W/ Clellan	mp	ATTENDING PHYSICIAN			
O HOSPIT etained by TO FUNER should be a with the Stran MAPORTAN	1	22d PHYSICIAN'S NAME (TYPI	E OR PRINT)	22	e ADDRESS Natio	onal Institu	utes of I	Health
O HC etcine etcine TO FI	1	Woseph 1	K niccion	9n c	linical Co	enter, Bethe		
	23a B	BURIAL, CREMATION, REMOV.	Nov. 24, 19		ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		UNERAL DIRECTOR	823	5 GA, Aves	sa meaven	Wheaton TE REC'D. BY REGISTRAR THE	P.G.	Marylan
DHMH - 16 50M 1/76 (VR A 15 (4))	1	I was I did at	RS. CO., 5.7		, Md. NO	v 2 8 1979	CHERRY PARKET	Notes !
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mpletely filled in by the funeral director and 2 shauld be filed within 72 hours after

	1 -	FOR STATE REGISTRAR		DEPAR	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 7 9	2	8 4	5 3
)		CEASED NAME F	IRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
			frey	Scott	Land	is	November	18,	1979	2:050
	3 SEX	Х	4 RAC	E	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAY	
		Male		White		ruary 10.19				
- Je		RTHPLACE (STATE OR FOREI	GN 76. CIT	IZEN OF WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
20		ennsylvania		U.S.A.	WIDOWE		Montgom			
ifed /	10 CI	ITY OR TOWN OF DEATH		AME OF HOSPITAL, NURS NOT IN SUCH FACILITY, GIVE STREE		NTH -	120 USUAL OCCUPAT			OF BUSINESS OR
2 6	The same of	ethesda	/c1	inical Cen	ter.	Bethesda, Md	Student		Scho	ol
71	30. S	STATE 113	COUNTY	NSTITUTION, GIVE RESIDENCE BEFO	WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
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聖2/	14 FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA FIRST	WE		L	AST
5/6		Gordon	-	Landis		Sarah	ADDR	FCC	Good	
dico			FYES, GIVE WAR O	R DATES)		17 INFORMANT		E 2 2		
e B		No	None	159-52-	5972	Mr. Gordon	Landis	S		S abovel
injury, ar other traumatic e		Conditions, if ony, w gove rise to immediately cause (a), stating	hich liote	UE TO, OR AS A CONSEOU	UENCE OF	Lymphoma				Years
injury, ar	N O	PART 2 OTHER SIGNIF	CANT CONDI	TIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION G	IVEN IN PART	l(a)
any	CERTIFICATION	190 DATE OF OPERATIO	N I	CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES █ NO□	IN CERT	ES, WERE FIND TIFYING CAUSI YES [
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arked ar	MED	21d. INJURY OCCURRED WHILE AT WORK AT WORK	10	e. PLACE OF INJURY IT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	21f LOCATION STREET	CITY OR TO	7	COUNTY	STATE
21 is mo		sow the deceased	is hospital) at alivo an N	tended the deceased from	Augu , 79	st 2, 19 79 nd that in (my) (our) opinion	, to Novemb death occurred on the o	er 1	89 79 our and from th	e couses stated
PORTANT: If them 21 is marked ar Item		22b. SIGNATURE	ush	- M)		DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF	22c. DA1	18/49
PORTAN		22d PHYSICIA NAME OF RICK	edman	onD		220 ADDRESNatio				

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/76

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR:

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician

> 24 FUNERAL DIRECTOR
> NAME
> Chambers Funeral Home Riverdale, Maryland (VR A 15 (4))

230. Burial, cremation, removal (specify) Burial

23b. DATE

Nov/21

Conestoga Mem. Park Lancaster County.

Ste. Maryland NOV 2 3 1979 Fifty Pennsylvani

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1-	FOR STATE				EPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	9	2 8	4 5	4
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7o. E	BIRTHPLACE	STATE OR			AT COUNTRY?	Ta.		- 9 BALT	IMORE CITY	OR COUNTY	OF DEATH	NAM
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	ITY OR TOWN		11 NAA	AE OF HOSE	PITAL, NURSING HOA	AE OR OTH		120. USUAL OC	CUPATION (T)		26 KIND OF BU	ISINESS
	Kensing		32	213 Fa	yette Road			Domes!	cic (Re	it.)	Privat	te
130.	state Marylar	13b. CO	ME OR OTHER IN DUNTY CONTOCK		RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Kensingto		13d INSIDE CITY LIMITS? YES NO	3213 F	eress ayette	Road		
14. F	ATHER'S NAM	NE .	MIDDLE		LAST		15. MOTHER'S MAIDE	N NAME	WIDDLE		LAST	
	Leroy	y			Young		Isabel	le			lliams	
160.	YES, NO. OR UNKN	ED EVER IN U.S.	ARMED FOR	CES?	16b. SOCIAL SECUR		17. INFORMANT		ADDRES		244	
	No				113-12-80	130	Karabelle	Pizziga	ati, Va	ughter	: SAI	4
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E	21a. EXTERN	IAL CAUSE WAS	2	1b. TIME OF	INJURY	21c. HC	OW INJURY OCCURRE	D (ENTER NATURE OF	FINJURY IN ITEM 1	B PART 1 OR PART	YES []	NO D
ALC	UNDERLYIN	G OR	OF DEATH	HOUR A.M. P.M.	MONTH DAY YEA	AR						
EDIC	21d, INJURY	OCCURRED		le PLACE O	FINJURY (ATHOME, DRY, FARM, ETC.)		CATION	CITY OF	- FOWAL	COUN	UTW.	STATE
E	AT WORK	NOT WHILE		JINEET, FACTO	ONT, FARM, ETC.)		ernee!	CITYON	IOWN	COUN	,	STATE
	220. l cer	tify that I taak ch	arge of the r	emains desc	ribed abave, held an	Autop	sy , Inspectio	n . Inqui	iry D. o	and in my apir	nion	17.17
	death resu	Ited fram: No	atural causes	1	Accident	vicide 🗌	, Hamicide	Undetermined				
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1	SIGNATURE	Uhrl	and	Kd-	week	KEM	LD. Wypul	MEDICALEX	AMINER	SIGNED	Mont 3	1479
100	EXAMINER'S	SNAME RIC	HAR	DL.	WHEL	MON	ADDRESS 7/00	Buller	noule	ve Co	Wega	Buckly
230.	(SPECIFY)	ATION, REMOVA			23c. NAME OF C			23d. LOCATIO		COUNT	ry U st	TATE
74	Burial	50	11/8	/79	Calva	ry Cer	metery	New '	York, 1	y Y.	1 -	
16	FUTTERIAL DIRE	1.15.200										
	of the	713	uldo	ADDRESS	7400 Ga.	Ave.	, NW 250. DAT	REC D. BYREGS	3R 256. REG	ELECTRIC ST	CHANCE	7

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	-	3 SE	x	4 RACE	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	IF UNDER
age 4			MALE	WHITE	OCT	DBER 27,193		YRS	HOUKS
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filled in rould be	od sign pe	,13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 146 COL	INTY 13c. CITY O	R TOWN CREST	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 3826 26th	AVENUE	200
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The Lian.	Now I	RTIF					YES NO	YES X	NO [
SICIAN: ig physic certificat rial-trans	tеп 18 s		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONT	H DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2]	
+ C + 1. T	arked ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TOWN		ST
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TAL OR by the ho RAL DIRE	NT: # he		22b. SIGNATURE	Maleston	(RV)	ATTENDING PHYSICIAN		AND 1//5	179
to HOSPITAL etoined by th TO FUNERAL should be dete	APORTA		Richard I.				ONAL INSTIT CENTER, BET		
5 F to 3	≤		BURIAL, CREMATION, REMOVA	L 235. DATE	100	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STA
BP	- 14		Burial	Nov./7/79	Chelter	ham Veteran's		, P.G. Co,	
DHMH - 16 50M 1/76 (VR A 15 (4))	5		uneral director NAME ambers Funeral	Home Riverda		18101	TE REC'D. BY REGISTRAR H	ISTRAR'S SIGNA	

11: Total CP . T. P. Same and Miles I demonstrate and the Control of t Company Contract of the Contra

1 -	FOR STATE REGISTRAR	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.					
	I. DE	CEASED NAME	FIRST		MIDDLE	- 1	AST		ONTH DAY YEA	R 26 HOUR			
	LITTE	OR PRINT)	DA			18	EFF	11	-13-70	1 9 00			
13	3. SE:			4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1	EAR IF UNDER 24 HRS			
	F	emale		Caucas	ian	Dec.	6, 1889 YEAR	89 YRS. MONTHS DAYS HOURS					
-	7a. BI	RTHPLACE (STATE OR FO	ORE IGN	76 CITIZEN OF	WHAT COUNTRY?	8	5 5						
17		oland		Poland		WIDOWE	DINEVER MARRIED L	Montgomery		140			
		TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATION		MD.			
71	Tai	koma Park		1/050	MACILITY, GIVE STREET	- JUDI	Aist Hospital	ITYPE OF WORK FOR MOST OF W Homemaker	ORKING LIFE) INDUST				
	USU/	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)			1 1101	ne			
34	Man	ryland		aomeru	Silver S	ກກຳກດ	YES X NO \	8101 Eastern	n Anonnio				
		THER'S NAME				or oreg	15 MOTHER'S MAIDEN NA	ME DUBLET	i Avenue				
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1	160 V	AS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT		Silver Sp	mina Md			
	No		N/A	WAR OR DATES)	213-74-0	7.09	Mayer Steinbe	ra. 87.07. East	tem 100	rong, mu.			
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		PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	DUTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PAR	T 1(o)			
	ION	Ser	me.	Senil	i Dem	ent	ie Myor	artial for	cherrio	1			
3	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED		OBJEYES, WERE FIN OCERTIFYING CAU				
do	RTIF	no	ue:					YES NO P	YES 🗌	№ □			
9		210. ACCIDENT WAS UND		HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	I ITEM 18, PART 1 OR PART	2)			
-	CAL	(IF EITHER, NOTIFY MEDICA		P.,	м,	19				1			
	MEDICAL	21d INJURY OCCURR		21e PLACE (OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC.}	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
		AT WORK AT WO	RK L										
		220.1 certify that (1)		11 17	e deceased from 7	61-	19 19		19	_, that (I) (we) lost			
		sow the decease above./1 (we) (a	id plive on	t) view the body	ofter death.		d that in (my) (our) opinion	death accurred on the date					
		22b. SIGNATURE	1	1	111		DEGREE ATTENDING .	MEDICAL _ STAFF	224.07	ATE SIGNED			
		With	nuo	up	laves		PHYSICIAN 2	DIRECTOR PHYSICIAL	v 🗆 📉	41/7			
		22d. PHYSICIAN'S NA	ME ITYPE O	RPRINT)	> 1.00		22e. ADDRESS	(69 N. W	1. 1.	0' /			
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	23a B	URIAL CREMATION.	REMOVAL	23b. DATE 22-25-	70 23c. N	AME OF C	emetery or crematory vid Cem.	23d LOCATION CUY OR TOWN	COUNTY	STATE			
				11-10-	19 Be	iri Da			-	<i>Y</i> .			
		INERAL DIRECTOR	0 T DD ==	D0 1/171/	ADDRESS	Crerry		E REC'D. BY RECUSTRAR 25	REGISTRAPISMO	JURE			
	111	ANZANSKY-GO	JUDIKH.	MIT MHIM.	CHAP. ROI	CKVTT.	T.F. MD. INVY						

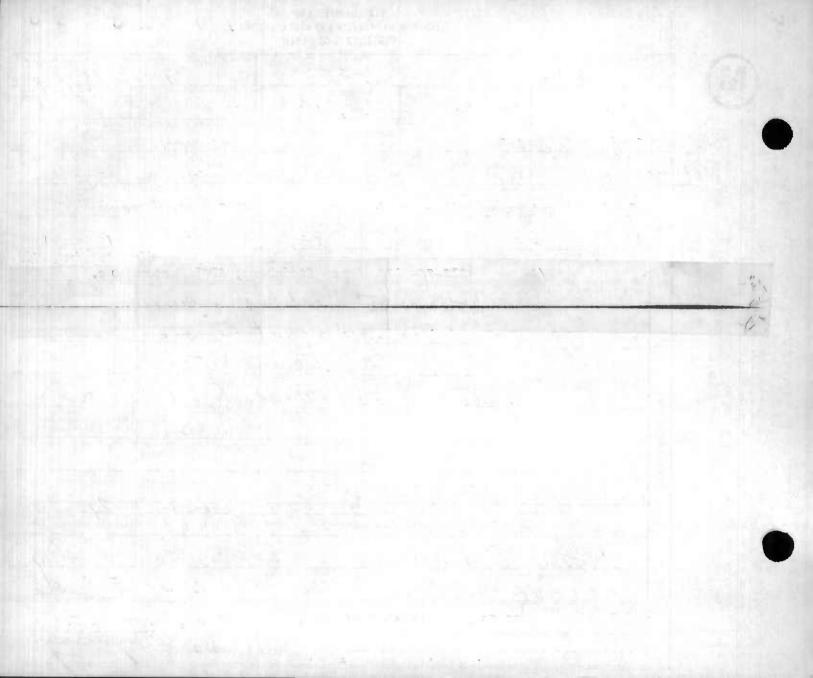
CHAP. ROCKVILLE, MD.

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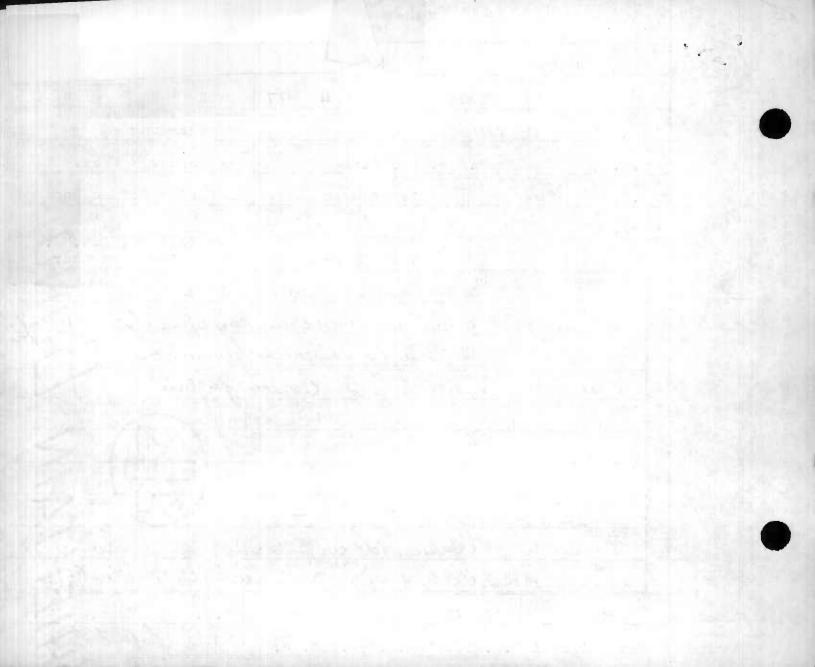
should be detoched for use os the burial-tronsit permit. Then with the State Dept. of Health and Mental Hygiene prior ta b MPORTANT: If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has b

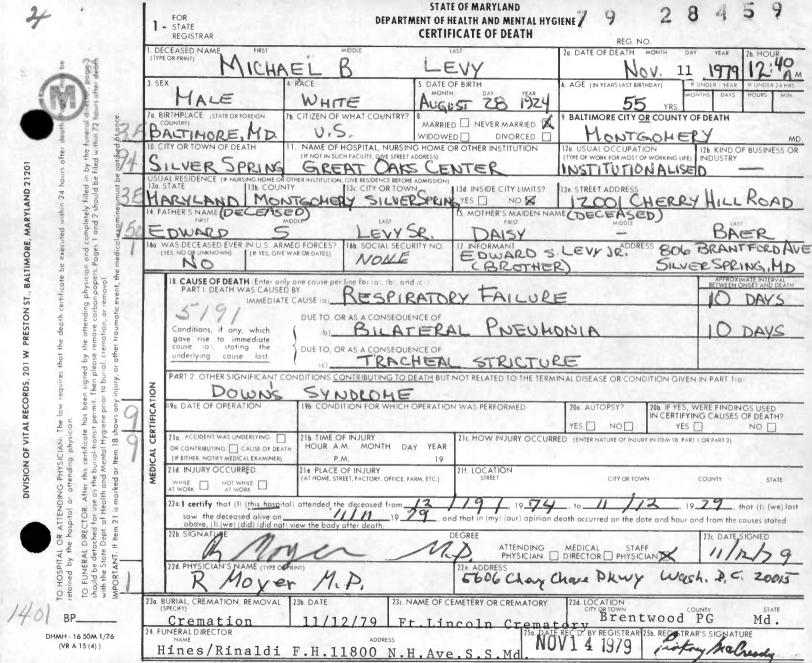


	REGISTRAR				CERTIF	CATE OF DEATH	REC	6. NO.		sade mg
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930	BIRTHPLACE (STATE COUNTRY)		b CITIZEN OF V	WHAT COUNTRY	? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CIT	_	OF DEATH	
Of Standing	Monte C			IOSPITAL, NURSI		DIVORCED C	12a USUAL OCCUP	PATION OST OF WORKING LIFE	INDUSTRY	F BUSINESS OR
// U	T.P. SUAL RESIDENCE (IF NURSING HOME OR (OTHER INSTITUTION,	Adv. He GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CITY LIMITS?	Barter		Ret.	
14	N.Y.		IDDLE	Long I	sland		#5 Spri		den R	
7/	Joseph WAS DECEASED			Lenzi	URITY NO	Marie Fer:	rari			
5	(YES, NO OR UNKNOW None	(IF YES, GIVE	WAR OR DATES)	097 07		A Jacqueli			aught	er
	18 CAUSE OF PART I. DE A	DEATH (Enter only TH WAS CAUSED IMMEDIATE	BY. CE	line for (a), (b), o		ry arrest	20 6		BETWEEN	MATE INTERVAL ONSET AND DEATH
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omer m	gove rise to	immediate	DUE TO, OF	AS A CONSEOL	JENCE OF	love low	e precuo	w'q-	V	GI
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- 2 //		AS UNDERLYING CONTROL CAUSE OF DEAT	HOUR A./	M, MONTH	DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF	INJURY IN ITEM 18, PA	RT 1 OR PART 2)	25
ked or II	OR CONTRIBUTION (IF EITHER, NOTIFY 21d. IN JURY OC WHILE AT WORK	CCURRED NOT WHILE	21e PLACE C		, FARM, ETC.)	211. LOCATION STREET	CITY OI	RTOWN	COUNTY	STATE
21 is mor	sow the d	eceased olive on we) (did not	11/2	7 19		that in (my) town) apinia	n death accurred on the	e date and haur		that (I) (we) los couses stated
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	726. SIGNATUE		-	Mun		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN []	22c. DATE !	SIGNED 19
MPORTAN	22d. PHYSICIAN	W. B		150150	1 40	270 ADDRESS P3/ Ului	verste ger	01 5 8	Rue Co	uno.
₹ 73	a. BURIAL, CREMA		23b. DATE			METERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
24	Buria I. FUNERAL DIRECT		11/30	<u> </u>	Gate	of Heaven	S.S.		ont. RAR'S SIGNATI	Md.
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DEPARTMENT OF HEALTH AND ma

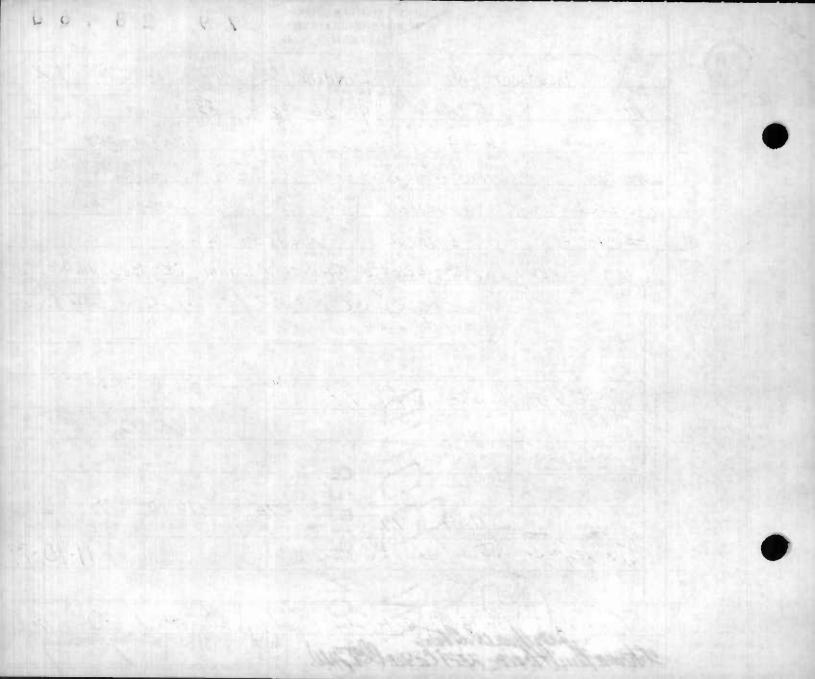


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12		1	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HYG	iene7 9 2	8 4 6 0
	(20)		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	(INI		ECEASED NAME FIRST	MIDDLE	LAST CO	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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	4 m	3 S		4 RACE	5 DATE OF BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
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	th P	/0	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
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	offer differ	70	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR INDUSTRY
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021	filled in ould be f	130	STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	/N 136. INSIDE CITY LIMITS?	13e STREET ADDRESS	
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ARY	pletely nd 2 s		FATHER'S NAME	MIDDLE LAST	FARST	MIDDLE	LAST
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A SE	ne after move c notion,		Conditions, if any, which gave rise to immediate	(b)			
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DIVISION OF VITAL RECORDS,	equire n sign Then to bu	NO NO	ASCVD	, history o	FCVA.		
0	s been reprined to prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED
AL R	he ho	2 8		Manual Control			FYING CAUSES OF DEATH? ES NO
VII.	SICIAN: The physicia physicia certificate hinditransit ental Hygie them 18 sha		210. ACCIDENT WAS UNDERLYING			RED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
90	SICIA ng pl certif uriol:t tentol	1 3	OR CONTRIBUTING CAUSE OF DE	All I	19		
NO.	G PHYSIC pttending er this cert s the burial and Menti	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.1 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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	OR THE	1	The AP h- L	mustach Den	Propriet Advance	MEDICAL STAFF	22c. DATE SIGNED 79
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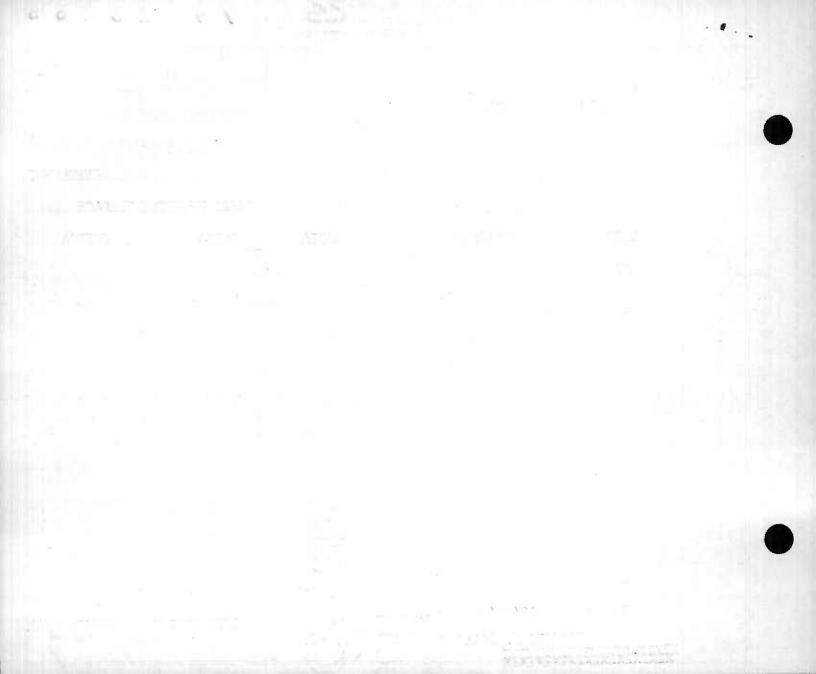


verygic une lindery reanle 2 2 1817 Estate .A.S.U agenei ilver brine University ursing one etired officeria amaner sayland ontjorery delighteraburg 1800 Blory Brove Read lee .H drand one --- + Fr 10 0895 Robert Lindery Same as item 15 :-e 11-1-19 Forest 111 James Star Manage Star Leinel Troon heeler uneral Hore, Inc. 1331 Tockwills Tire cointile, Id. 20852 - 10/1 1978 Jak Joseph

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	DIC SI	SEA A				-	7			1919 5	Semina	ry Roa	be			
	E SE	5 2 3	4	EXAMINE NAME (TYPE OR PRINT)	John	S. Roger	s. M.D.		ADDRESS	Silver	Spri	ng. Mo	ontgor	nery, M	d.	
	XEC AG	TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213	730 0	JRIAL, CREMATION, RE				F CEMETERY								
2		100	230, B	PECIFY)							23d. LOC CITY OR			COUNTY	STATE	
	BP_		L	Burial		-26-79	Beach	wood C	emeter			urham,		N. C.		
	DHMH		24. FI	INERAL DIRECTOR		ADDRESS				25a. DATE R	REC'D. BY R	EGISTRAR 2	Sb. REGIST	RAP'S SIGNAT	URE	
	(VR A15)			NaJohn T. R	Rhines (0., 301	12th S	t., N.	Ł., D.	C.	MUVZ	6 1913	3 /	wyry	N. C. Charles	7
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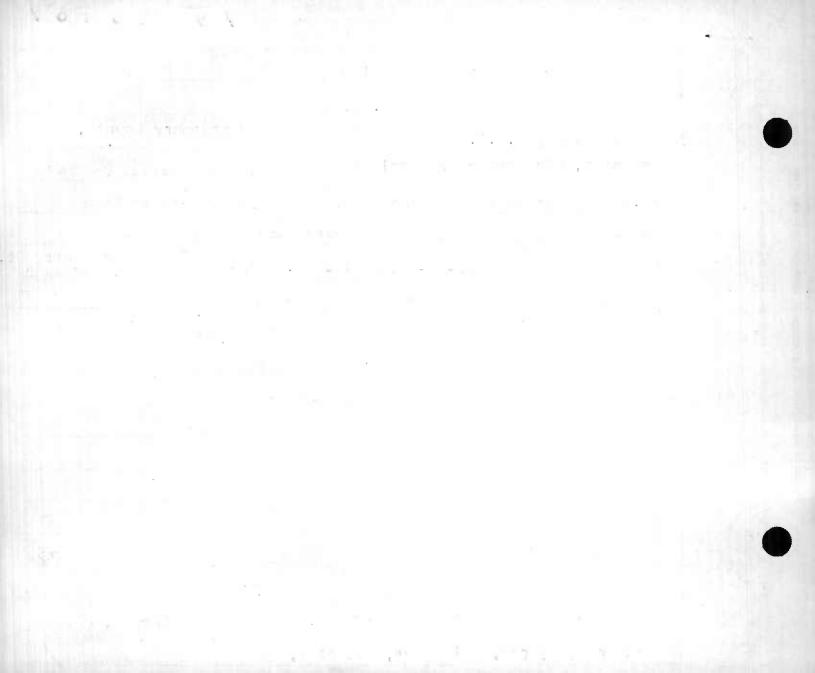


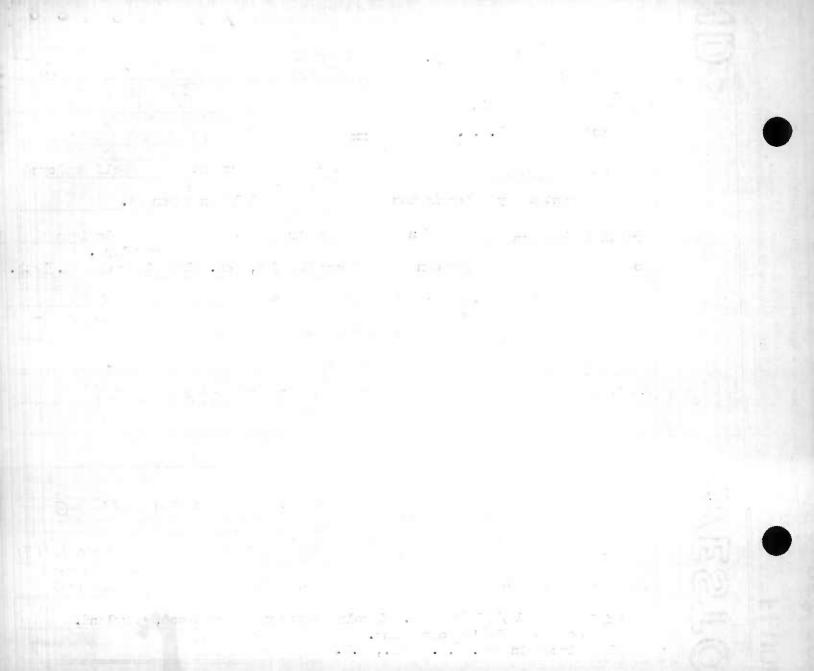
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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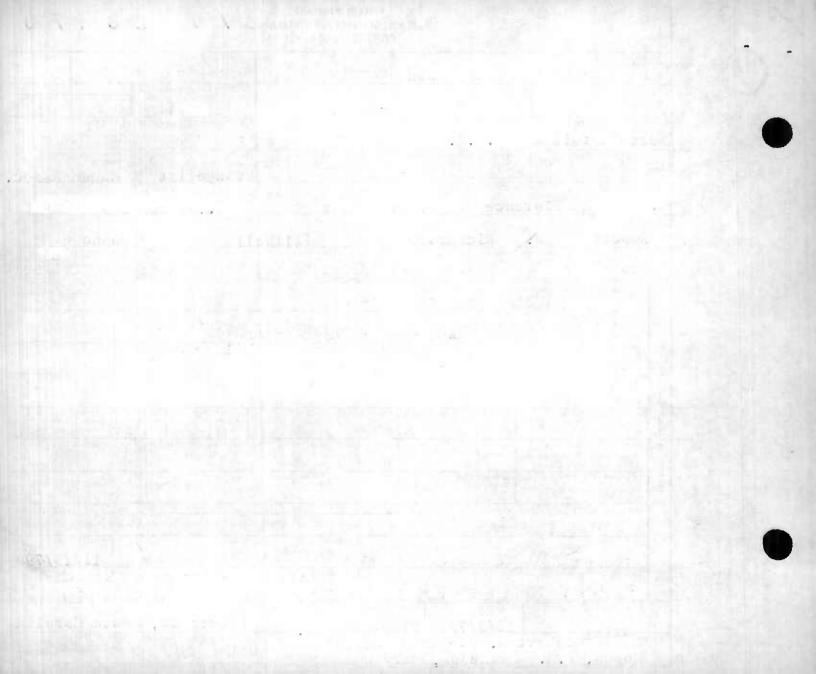




DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME G. DATE KNOWN MONTH (TYPE OR PRINT) DEATH MATED AGE (IN YEARS | IF UNDER 1 YR IE UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS RONOUNCED May 30, 1892 Female Cauc. DEAD Ja BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS - Minois WIDOWED A DIVORCED | I L'AME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY Homemaker Home ORDS. USUAL RESIDENCE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 130 STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Silver Spr Maryland Montgomery YES DE NO 1000 Daleview Drive 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Meier 68. WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO APP 100 Ardwick Dr. (YES, NO. OR UNKNOWN) LIF YES GIVE WAR OR DATES! J. David Mann, Jr., Rockville, MD No 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY erotic Cardin Var Dic IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL YES 🗀 3 SHOULD BE DEPARTMENT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 06 Y 214 INJURY OCCURRED 21e. PLACE OF INJURY AT WORK AT WORK le vian 110 220. I certify that I taok charge of the remains described above, held an Inspection and in my apinian Natural causes deoth resulted fram: Accident Suicide Hamicide L Undetermined manner TITLE (SPECIFY) DAIROV-251979 PAGE 4 SHOU TO FUNERAL DATER DEATH, BALTIMORE, M, SIGNATURE MEDICAL EXAMINER John S. Rogers, M.D. 1919 Seminary Rd. Silver Spring, Md. EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION OUBP Masonic Cemetery Burial 11/28/79 Nashville. Illinois 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNATURE ROBERT A. ABUMPHREY FUNERAL DHMH - 17 (VR A15 ME (5)) P.A. BETHESDA, MARYLAND 30M 7/73 1101

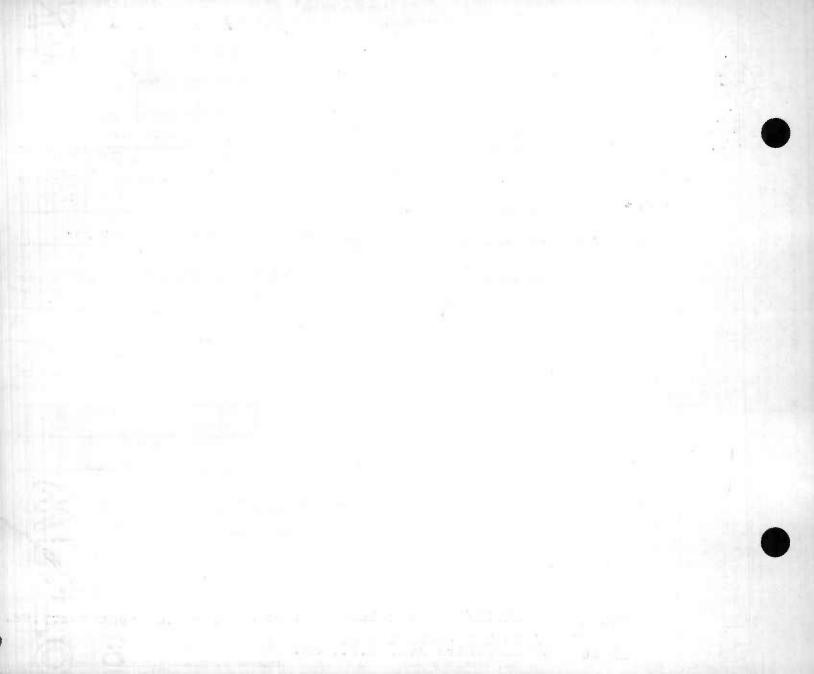
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3	1	FOR - STATE REGISTRAR	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 7 9	284	10
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		Barbara	Richardson	Marmor	November 29	•	5:45 A
	3 SE	× Female	White	June 6, 1935	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN
0 Conce		IRTHPLACE (STATE ORFOREIGN 7b OUNTRY) The Carolina	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery		MD
Dottfied &	E	Bethesda	Clinical Cent	er, (NIH)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Evangelist		ASSOC
ad and a state	S.	AL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT Carolina Flor	Y I3c CITY OF TOWN	P YES □ NO □		x 200	
A.	14 F.		DDLE LAST	15 MOTHER'S MAIDEN NA	MIODLE	LAST	
300	14- 1	Robert W.	Richardson		ADDRESS T	Unknow	n ₂ 00
S medicol		YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	-2416 Mr. Edward		sband) SC	ozence
ony injury, or other troumotic	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, HEMORE HE Malignar	NCE OF Endocardities the splenic integric pneumonia, at lymphoma	bilateral	ON GIVEN IN PART 110	
ows ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IN: YES ▼ NO□	. IF YES, WERE FINDIN CERTIFYING CAUSES YES 🔀	GS USED OF DEATH? NO
or Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN IT	TEM 18, PART 1 OR PART 2)	
cedo	MEDICAL	2)d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
of He 21 is		22a. I certify that X (this hospito sow the deceased alive an above, (Xwe) (did) (36.XXX 22b. SIGNATURE	NOV 29 19 7	OCT 9, 19 79 9 and that in (n) (our) apinion DEGREE	deoth occurred on the date o		
E Stote Dept.		Roberton	. Fresher	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	d 11/	29/79
with the Stote		ROBERT M	LESTER	22: ANATional Clinical C	Institutes Center, Beth		
3 3	230.	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN Florence	South C	state a roline
1/76	24 F	UNERALDIRECTOR Rober	t A. Pumphrey	runeral	E REC'D. BY REGISTRAR 256. F	REGISTRAR'S SIGNATI	JRE
		Homes, P.A.	Bethesda, Ma	ryland			-



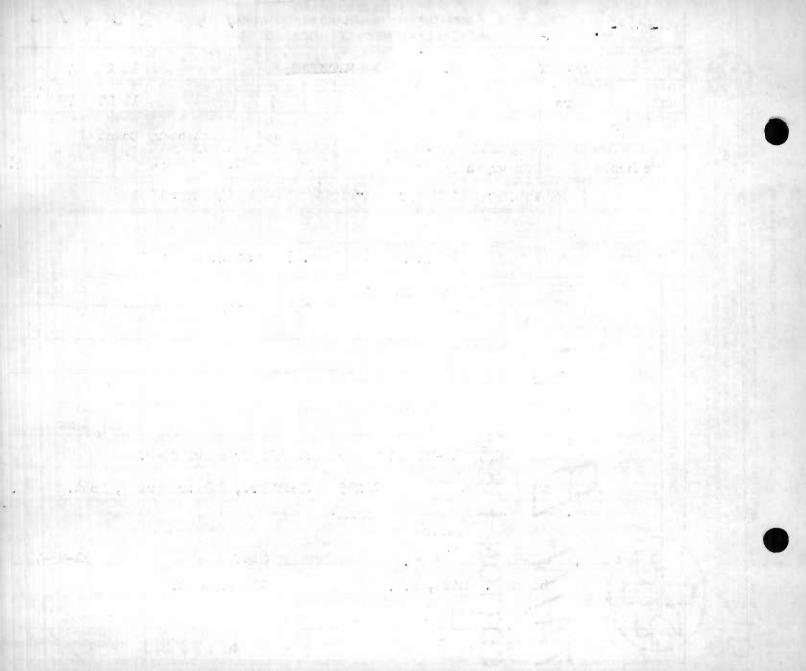
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	REGISTRAR		MED	ICAL EXAMI	NER'S CERTIFICATE	OF DEATH RE	G. NO.	
	CEASED NAME	FIRST		MIDDLE	LAST	20. DATE KNOW	NN MONTH	DAY YEAR
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SE		AAA	ATE OF BIRTH	6. AGE (IN)		ER 24 HRS. 2c. DATE	MONTH	DAY YEAR I
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	IRTHPLACE (STATE	OR 7b. 1	TIZEN OF WH		8. MARRIED NEVER MAI	9 BALTIMORE	CITY OR COUNTY	
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10. C	ITY OR TOWN OF				AE, OR OTHER INSTITUTION	120. USUAL OCCUPATIO	N (TYPE OF WORK 121	KIND OF BUSIN
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USU	AL RESIDENCE (IF IN	NUISING HOME OF OTH	ER INSTITUTION, GIVI	E RESIDENCE BEFORE ADMIS	ISION)			
130. 3	1/2	ISB. COUNTY		136. CITY OR TOWN	YES NO [- 6 - ()	Paine	RX
4 F	ATHER'S NAME				15 MOTHER'S MA	IDEN NAME	-777	
	James	Martin	DOLE	LAST	Fran	ces Mahaffey	3,40	LAST
	WAS DECEASED EV	ER IN U.S. ARMED		166 SOCIAL SECUR			DRESS	
	(ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR C	OR DATES)	248-22-8	8492 MARY I	MARTIN 610 S	S PaunoSi	Alov I
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z	gove rise couse (a) sto lying couse le	to immediate ting the <u>under-</u> ost.	(c)		RMINAL DISEASE OR CONDITION GIVEN IN	PART 1 (a).	Vis.	9 20
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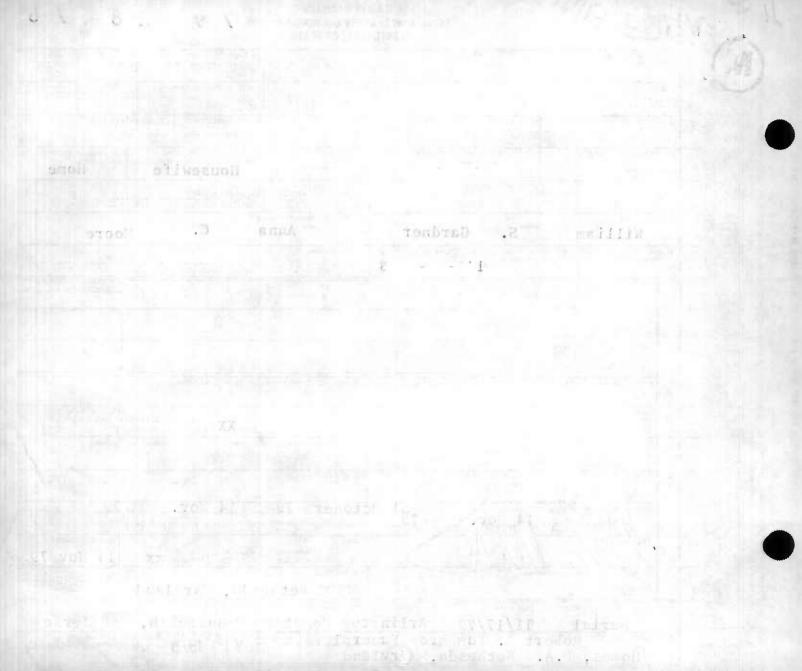


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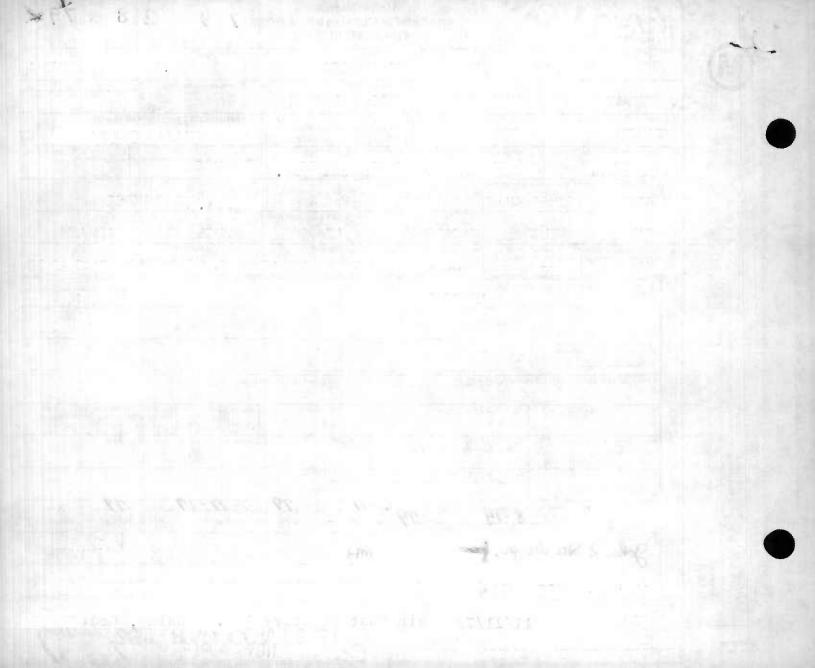


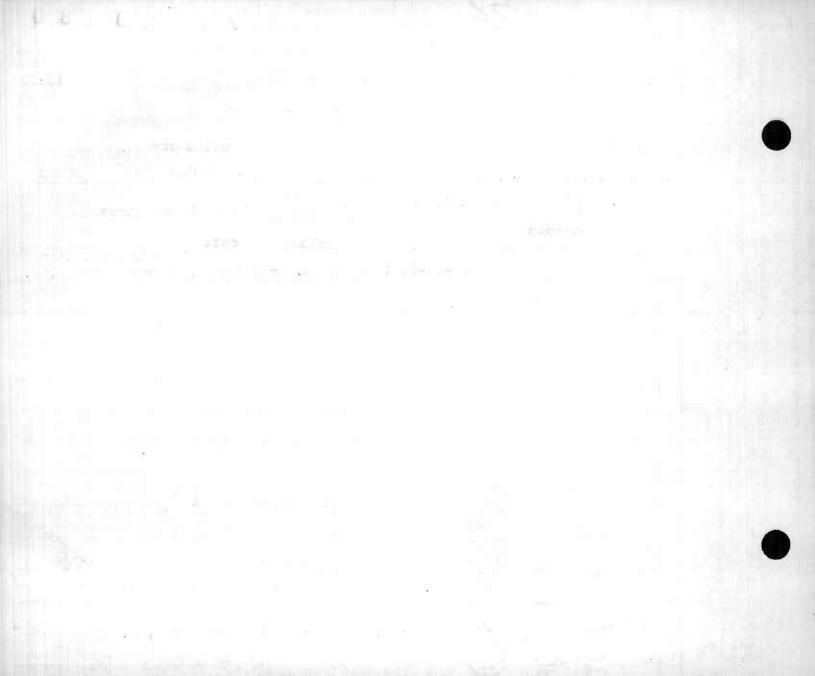
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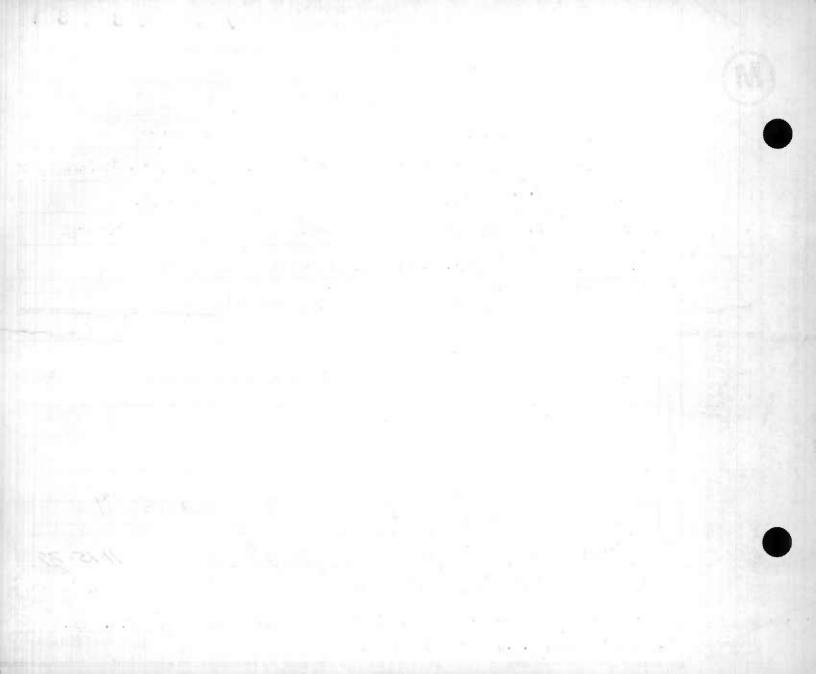


6	١,	FOR STATE	DEF	PARTMENT OF	HEALTH AND MENT	AL HYGIENE	2 8	477
		REGISTRAR	MEDIC		ER'S CERTIFICA	TE OF DEATH	REG. NO.	
(M)		CEASED NAME FIRST E OR PRINT) TE W. 4 RACE	1 1	DOLE 6 AGE (IN YEAR LAST BIRTHDA		INDER 24 HRS. 2t. DATE	MATED NOV	1 19 79 PLIM DAY YEAR 24 HOUR
ARY. TONE		FW	June 5	45 34 YR		DEAD	Nov.	12 19 79 30 M
NECESSARY. PEUNERAL DINE 5 FOR YOUR WITHIN 72 PERSTON S	/a. B	RTHPLACE (STATE OR REIGN COUNTRY) MARY LAND	76. CITIZEN OF WHAT	COUNTRY?	MARRIED NEVER	MARRIED V. BALTIMO	PRE CITY OR COUNTY	
O THE PIECE FILED	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME AGIVE STREET ADDRESS)	OR OTHER INSTITUTION		ATION (TYPE WORK I	ME VY MD. 126. KIND OF BUSINESS OR INDUSTRY HOSPITAL
1201 ANY E AND 3 RETAIN FECORE	13a. S	AL RESIDENCE (IF IN NURSING HOME OF TATE 13b. COUN		SIDENCE BEFORE ADMISSION OF TOWN	AL3d. THIS IDE CITY LI	MITS? 13e STREET ADDRESS	ndy Spy	on Ad.
MD. ATH.	14. F	ATHER'S NAME FIRST	WIDDLE	HISME	FIRST	MAIDEN NAME	Consume and	RAUB
		VAS DECEASED EVER IN U.S. AR/ ES, NO. OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16	66 SOCIAL SECURITY			ADDRESS	5 54 54
BALTIMO URS AFTER WITH FOR PAGES 1	_	NV			JAMES	H. MAYBER	24-4101	SANDY SP. RD
ST., HOLH NATE.		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	ly ane cause per line far D BY: FE CAUSE (a)	(a), (b), and (c).)	at wa	und of	Head	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		7551		A CONSEQUENCE C	OF .		1/- 40/	
- Z Z Z Z Z Z Z Z		Canditians, if any, which gave rise to immediate cause (a) stating the under-	(b)	A CONSEQUENCE O)F			
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CERTIFICA TING THE DED TO T 3 SHOUL DEPARTM	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH P.M.	NJURY (AT HOME.	211 LOCATION	in mont	KENLity	gun;
DIVISION OF VITA BILLIS CERTIFICATE SHO ORWARDED TO THE CHI SE PAGE 3 SHOULD BE UF E STATE DEPARTMENT OF 7,21201 PRIOR TO BURIAL,	MEC	WHILE NOT WHILE AT WORK	CYPERT FACTORY	FARM, ETC.)	Gendy Sprin	RLI BUM	fmvilla	Mont. My
		22a. I certify that I taak charg				pectian , Inquiry [and in my opin	nion
L EXAMINE E CERTIFICA OULD BE FO L DIRECTOR H, WITH THE MARYLAND,		death resulted fram: Natur	al causes [], Acc	cident 🔲 , Sui	cide , Hamicide		ner L.,	
CAL EXTHE CALL BY ATH, VATH, V		SIGNATURE	8/5	year	M.D. De	MEDICAL EXAMI	NER SIGNED	VOV.12 1979
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU AFTER DEATH, BALTIMORE, MA	-	EXAMINER'S NAME (TYPE OR PRINT)			ADDRESS			
PAG TO AFT	23 a. B	URIAL CREMATION REMOVAL 2	3b. DATE	234 NAME OF CEM	EVERY OR CREMATOR	23d. LOCATION CITY OR TOWN	1 99	on sign
14 0BP	24. F	JULIAN I	101.14.1979	Living 1	Voskingles Ci	DATE REC'D. BY REGISTIAR	25b. REGISTRAR'S SIG	GNATURE
(VR A15 ME (5)) 30M 7/73	10	Kom Funeral &	tome Jarrath	to, 25 V Carr	WIDI NON	NOV L 5 1979	Pertray	Mrs. Cready

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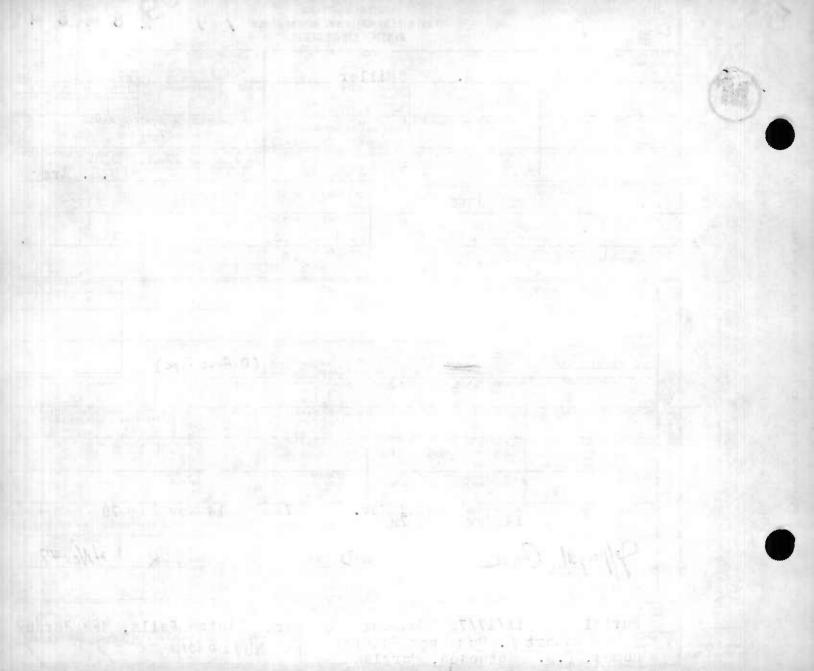
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	рад	5	3	EX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIT	RTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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-	h. P.	ato	7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH
	r deat	The state of		lashington, DC		WIDOWED DIVORCED	Monto	
	afte the f	Ne noti	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION ADDRESS)	126 USUAL OCCUPAT	ION 126. KIND OF BUSINESS OR INDUSTRY
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X	with	exan	_	FATHER'S NAME		15 MOTHER'S MAIDEN NA	AME	OTEGE OCTEGE
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Ö	and and	the n		(YES, NO OR UNKNOWN) (# YES, GIV	E WAR OR DATES)	nus	band	
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×	es tl				(c)			
DIVISION OF VITAL RECORDS, 201	aguir	buria	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	PITION GIVEN IN PART 1(a)
8	w re	any i	CERTIFICATION	Kell	le Laciture	- DION	as ruck	T20b. IF YES, WERE FINDINGS USED
8	se la	D X	73	198 DATE OF OPERATION	196 COMPITION FOR WHICH	OPERATION WAS PERFORMED	20s AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?
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20	A ST	s m		AT WORK	to District and the decreased from	13 1000 10 75	1 10 266	100 1929, that (1) (we) last
	TEN I or a	Hee 21			ital) attended the deceased from	4 and that in my (aur) opinion	death occurred an the d	ate and haur and fram the causes stated
	OR AT hospital DIRECT	t. of		obove, (I) (wex) did) (did no	The lew the body ofter death.	DEGREE		22c DATE SIGNED
		de de de		HE SIGNATURE	111	ATTENDING	MEDICAL _ STA	FF 11 07 70
	TAL y the RAL	ate NT:		- James V	Vous	MD PHYSICIAN	DIRECTOR PHYSI	CIAN 11-27-79
	SPI 1 by	e Star		224 PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS		
	TO HOSPI retained by TO FUNEF	With the		Paul Noone,	M.D.	Bethesda,	Maryland	
-	retai	W W	236	BURIAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	734 LOCATION	COUNTY STATE
33	FBP 1			(SPECHY) Burial	Court Court Court Court	lpeper Nationa	1 Culpan	- 1181-1-0
	D1"		-	FUNERAL DIRECTOR	* / M	LA LANGE OF THE DA	WHELLID BY SECREPT	236 REGISTANCES SIGNATURE
		16 25M		NAME THE COME	L. 114cm ADDRESS 61	W Leesburg Pike 154 DA	MU 4 0 0 101	1 31
	(VRA 1	5, 4) 1/79	Kt	LONIAL FUNERAL HE	ome - Halls	Church, Uq.		

Se To The Committee of JUSTING HORN MIKKILL S MILLIPA 12 12 Washington, DC U.S.A. Mon't gomes y Bethesda Suchanban Hospital Housenston I Home Marrland Nontromery Heaton 12 12007 Include Stream Lloyd Lincoln Harkins Gladye Leola Hickords Lise 22-1239 Laurence L. Verrill - (rec ties 12 0.70 Paul Longe, M.D. 11-10-17 (Culpager Hainnai Culpager, Yinting france of the second out the market of

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH MONTH DAY 26. HOUR (TYPE OR PRINT) .30 ETHEL MILLER 79 R. 3. SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Mar. MONTHS DAYS HOURS Female Caucasian 17. 1893 86 TA BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY U.S.A. irginia DIVORCED [MONTGOMERY CO. WIDOWEDFX ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesda Clerk Justice Dept SUBURBAN HOSPITAL USUAL RESIDENCE 14 NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) IN COUNTY 134 INSIDE CITY LIMITS? 13. STREET ADDRESS 4708 Bradley Blvd. Marvland Montgomery Chevy Chase 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME F 10 51 MIDGLE Kidwell Martin Struhs Fannie I 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 10643 Montrose Av. 166 SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) 215-36-4375 Catherine M. Bailey Bethesda, MD no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, gave rise to immediate cause lat, stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV NO [YES [21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 0:30 AM 22a. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS TO FUNE should be with the S 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION ISPECIFY Cremation Metropolitan Virginia rem. Alexandria Virgin 250. DATE REC'D. BY REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral DHMH-16 25M (VRA 15.4) 1/79 P.A. Bethesda, Maryland Homes.

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Clork Justice Do	SUBURBAN HOSFIN		
4708 Bradley Divo.	ery Chevy Chase	mo andii	ur land
Kidwell 10045 Wontrose M. Bailey Bethesda, 'O	Strains 218-30-4375	.0	nistal

injury, or other troumatic event, th

STATE OF MARYLAND DED A DEMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTR	AR		DEFARIA		ICATE OF DEATH	REG. N	10.		
	1. DECEASED N. (TYPE OR PRINT)	Lillian	Mae	MIDDLE MO		omery	20 DATE OF DEATH		- 79	4 A
	3. SEX	le.	4 RACE		5. DATE C	OF BIRTH 1 DAY YEAR	6 AGE (INYEARS LAST BIR	М	IF UNDER I YEAR	IF UNDER 24 HRS
1		STATE OR FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY		
1	10 city or tov	Park	Washing	ton Adve	address) ntist	Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewife	NOI	12b KIND O	DE BUSINESS OF
7	D. C.	136 CO	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE 13t CITY OR TOW Washing	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS		E .	
1	Thomas I	lurray	WIDDLE	LAST		Ida Crutche	WIDDLE		ĮAS	
	NO WAS DECEA	SED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	417-18-0		Eunice Alexa	nder, Daugh	Washin		t. N.E
	23	DEATH WAS CAU	SED BY IATE CAUSE (a)	A cute R AS A CONSEQUE Chronic	Rene !	Fuilure	ce			MATE INTERVAL ONSET AND DEATH
	gave ris	e to immediate o, stating the	DUE TO, OI	RAS A CONSEQUE	NCE OF	Mellitys				
		THERSIGNIFICAN	MULTIPLE	CVA	JEATH BUT	chenic Hew	I /		N IN PART TO	31
1	CERTIFICATION 210 VALUE 100 VALUE 10	None -	19b COND	Nome	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDIN YING CAUSES	OF DEATH?
	OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF INDIFER MEDICAL EXAMIN	DEATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF IN)	JRY IN ITEM 18, PA	RT I OR PART 2)	
	21d INJUR	Y OCCURRED NOT WHILE AT WORK	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F		21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	sow	fy that (1) (this had he deceased alive , (1) (ma) (did	an 1(-1			nd that in (my) (corr) opinion	death occurred an the c	date and hour		that (1) (we) los couses stated
	22h SIGN	B Patr	ich I	MD		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	22c. DATE	SIGNED
	22d. PHYS	CIAN'S NAME (TYP	E OR PRINT)				SIL DA			

BPatrick 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Lincoln Memorial

23d. LOCATION CITY OR TOWN

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DHMH - 16 50M 1/76

(VR A 15 (4))

MPORTANT: If Item 21 is morked or Item 18 shows ony

24 FUNERAL DIRECTOR

ADDRESWashington, D.C.

COUNTY STATE Maryland

W. Ernest Jarvis Co., Inc., 1432 You St., N.W.

20 Nov 79

A STATE OF THE STA . The second sec FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 26 HOUR Nov. 21 1979 :5 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR AONTHS DAYS HOURS 1882 **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED DIVORCED Montgomery County 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Home 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 1216 Tanley Road 15. MOTHER'S MAIDEN NAME MIDDLE Cheesbro ADDRESS Austin. Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOO YES | NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (a ropinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF

DHMH - 16 50M 7/77 (VRA 15 (4))

A. Pumphrey Funeral 24 FUNERAL DIRECTOR Robert Homes. P.A. Rockville, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

New York

23d LOCATION

Mexico

State of the state

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79-28488 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

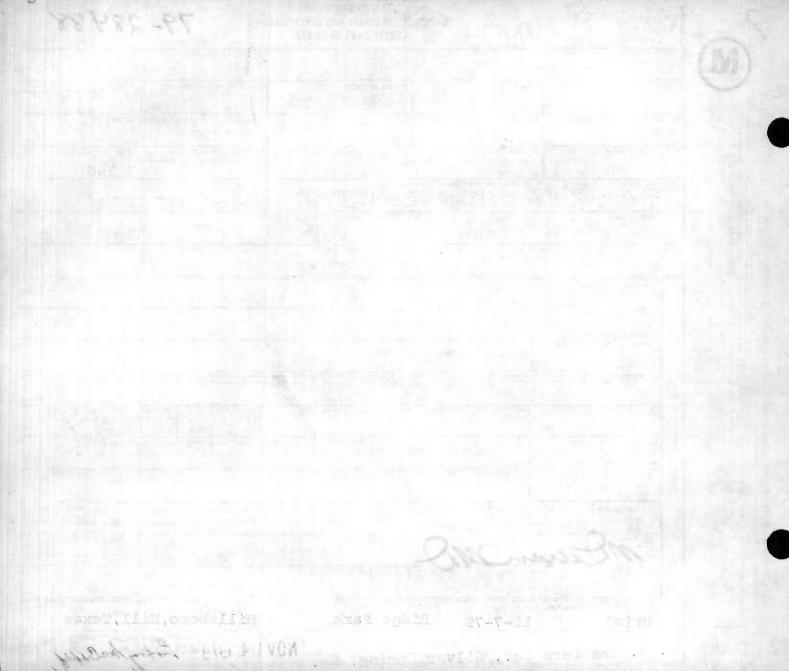
	1-	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7		848	88
)		CEASED NAME FIRST CLAREN	MIDDLE	MORGAN	N JR	20 DATE OF DEATH	OV OL		26 HOUR
	_	1ALE '	BLACK	S DATE C		6. AGE (IN YEARS LAST BIRTI 45	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
0	TE	RTHPLACE ISTATE OR FOREIGN OUNTRY)	UNITED STA	TES MARRIE		MONTGOMERY)F DEATH	м
27		THESDA	(IF NOT IN SUCH FACILITY	AL, NURSING HOME OF AVAL MEDICA	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF U-S- NAVY		126 KIND OF	F BUSINESS OF
13	13a S	AL RESIDENCE (IF MURSING HOME OF TATE 1/36 COU LIFORNIA LOS		TY OR TOWN S ANGELES	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 1914 WEST 4	TZ TZL	REET	
78	14 FA	ATHER'S NAME FIRST CLARENCE	MORGAN	SR LAST	15. MOTHER'S MAIDEN NAV	WIDDLE	MA	JORS	
3			VE WAR OR DATES)	66-50-3789	17 INFORMANT QUEEN ESTHER	ADDRE			
	N	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A	CONSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONC	DITION GIVEN	N IN PART 1(0	01
/	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?		WERE FINDIN	
1	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IN ETHER, NOTHY MEDICAL EXAMINES		ONTH DAY YEAR	21c HOW INJURY OCCURR				
	ME	WHILE NOT WHILE AT WORK	(At HOME, STREET, FACT	TORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	N	COUNTY	STATE
		220 certify that (this hasp sow the deceased alive o above () (we) (did) ()		19. 79. or	nd that in (XX (our) opinion (te and hour o	and from the c	
		226 SIGNATURE	an My	2		MEDICAL STAF DIRECTOR PHYSIC	F IAN 🗍	DZ NO	
		220 PHYSICIAN'S NAME (TYPE) MICHAEL DURAN			224 ADDRESS NATIONAL NAV	AL MEDICAL	CENTER		
	23a. 8	BURIAL, CREMATION, REMOVA SPECIFY) Burial		23c NAME OF C Ridge	EMETERY OR CREMATORY	Hillsbor			as STATE

DHMH-16 25M (VRA 15, 4) 1/79

W. W. Cha

ADDRESS Chambers Co., Silver Spring

Ridge Park

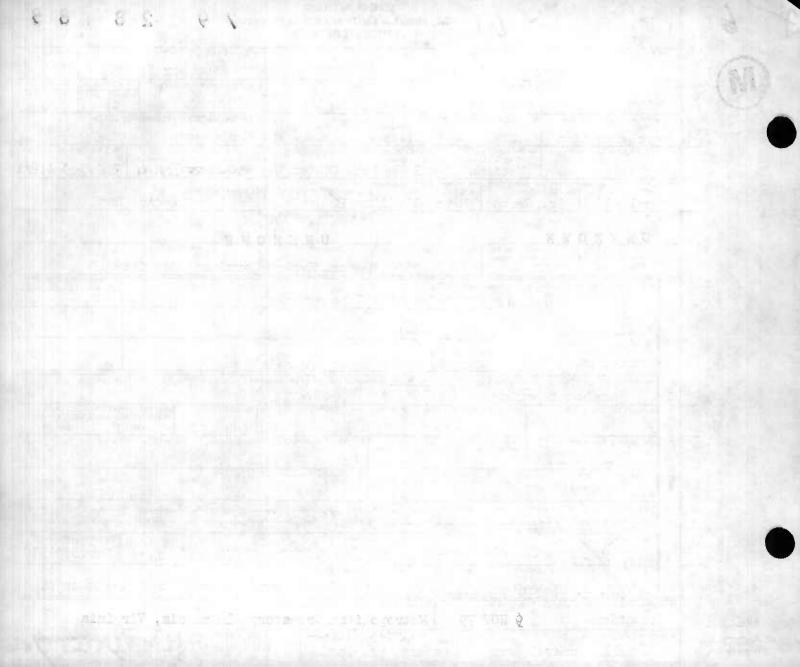


be executed within 24 hours.

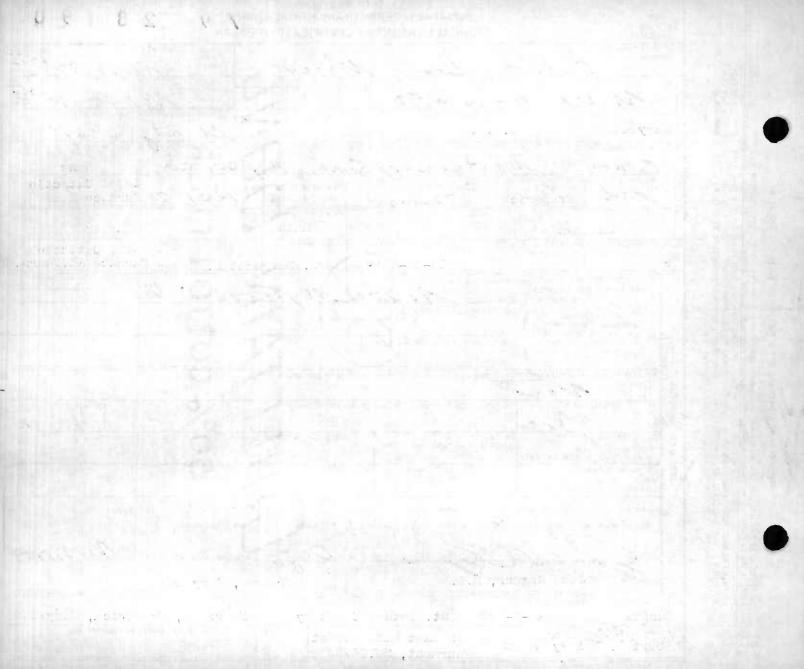
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

6	1.	STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	0.	0 4	0
		CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(Intra	OR PRINT)	James	в	lanchard		MORRISON	Novemb		1979	525A A
).	3. SE		· ·	RACE	4	S DATE C	OAY YEAR	4. AGE JIN YEARS LAST BIR	IHDAY	MONTHS DAYS	HOURS MIN.
and and	-	ale		Caucas	WHAT COUNTRY?	May	27 1920	9 BALTIMORE CITY C	YRS.	Y OF DEATH	
2 300	C	OUNTRY)			WHAT COUNTRY?	MARRIE	NEVER MARRIED			OFDEATH	
3/0		orth Caro		USA		WIDOWE		Montgomer			MI
121		ethesda	EATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESSI	cal Center	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST C	OF WORKING LI	FEI INDUSTRY	of Business Or o. School.
100	13a	AL RESIDENCE (IF NO	136 COUNT	Y	13c. CITY OR TOW	N		130. STREET ADDRESS 2701 Ente	rpric	e Road	
about .		aryland	I FE.	George	MILCHET	TATTT	15. MOTHER'S MAIDEN NAM		Thris	e Road	
11	1	FIRST	м	IDDLE	LAST		FIRST	MIDDLE		LAS	ST
1600	1	UNKN					UNKN	OWN			
10		WAS DECEASED EVE	R IN U.S. ARM		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	ESS		
4	1	Yes	WWI		245 60 9	650	Mrs. Evelyn	Morrison	See i	tem 13	
11		LIL CAUSE OF DEA	TH (Enter only	one couse per	line for (a), (b), one	Lieu					MATE INTERVAL ONSET AND DEATH
u a		PART I. DEATH					al hemorrhage				Stage Alay De Arti
5.2		2051	IMMEDIATE	CAUSE (0)	dastroint	CSLIII	ar nemorrnage				
6 10	1	2001			R AS A CONSEQUE					10.77	
9 9	1	Conditions, if on		(b)	Blast Cri	sis_					
5 8	1	gave rise to in cause (a), stat	ting the	DUE TO, O	R AS A CONSEQUE	NCE OF					
al, o /, or		underlying cou	se lost.	((c)	Chronic m	yelog	enous leukemia	a			
burr		PART 2 OTHER SIG	GNIFICANT CO				NOT RELATED TO THE TERM		DITION GI	VEN IN PART 1	01
any in	S S	Throm	bocytop	enia -							LWW.
hows	CERTIFICATION	196 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?	IN CERT	S, WERE FINDI	OF DEATH?
18 sl	1 E						V	YES NO X		ES 🗌	NO 🗆
or Item		OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEAT	7	.M. MONTH DA .M.	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18,	PART I OR PART 2	
nd Me	MEDICAL	21d. INJURY OCCU	WHILE	21e PLACE (AT HOME, ST	OF INJURY	ARM, ETC	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
th a	1	AT WORK	WORK L								
is						Sept.	11	Nov. 5		. 19	that (I) (we) los
of t		sow the deced obove. (1 (we)	sed olive py	Nov. 5	19	79 01	nd that in (my) (our) opinion o	death accurred on the d	ote and ha	ur and from the	couses stoted
te.	1	226. SIGNATURE	(ala) (gig hpt)	Hewarne body	difer geom.	_	DEGREE			22c. DATE	SIGNED
ate De		21	.//	Noi	i ce	12	ATTENDING	MEDICAL STA			5, 1979
Sta	1	226 PHYSICIAN'S	NAME (TYPE OR	PRINT)			22e. ADDRESS			DI TI	
should be with the S		(s	J. Chob	anian,			National Nav	al Medical	Cente	er, Beth	nesda,Md
ts 3 ≤	230.	BURIAL, CREMATION SPECIFY) Cremation	N, REMOVAL	236. DATE NOV	70 Mg	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	ia. V	county	STATE
	-	UNERAL DIRECTOR		A TIOA	17 Me	or ope	with 250. DATE	PECID BY DECISIONE	TICK DECK	TPARIS SIGNA	perpel,
1-16 25M 5, 4) 1/79	100	NAME	Funera	1 Home			aryland	1000 8 1979	ZJE KEUIS	The state of the	- Coursey

STATE OF MARYLAND



			MARYLAND		
FOR STATE		DEPARTMENT OF HEALT		/ 6w	8 4 9 0
REGISTRAR		EDICAL EXAMINER'S		REG. NO.	
I. DECEASED NA	ME FIRST	WIDDLE	LAST	20. DATE KNOWN OF ESTI-	
	Robert	Lee 1	LOTEY	DEATH MATED	U28 189 102
3. SEX	4 RACE S. DATE OF BIRT		JNDER 1 YR. IF UNDER 24 HR		ONTH DAY YEAR 78. HOUR
1	4 / 4 - 1	14 29 50 YRS.	DATS HOURS MIN	PRONOUNCED NOU	1. 28 1979 AM
7a. BIRTHPLACE	(STATE OR 7b. CITIZEN OF	WHAT COUNTRY?	RIED NEVER MARRIED	9 BALTIMORE CITY OR C	COUNTY OF DEATH
Maryla	nd U.S.A		WED DIVORCED	wints.	om EVV MD
10 CITY OR TOW		OSPITAL, NURSING HOME, OF		SUAL OCCUPATION (OF OF	WORK 12b. KIND/OF BUSINESS OR INDUSTRY
0/2	rey Mon	tax mery K	eneval Meso	Carpenter	None
USUAL RESIDENCE	CE (IF IN NURSING HOME OR OTHER INSTITUTION,	GIVESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? 13e. S.	TREELADDRESS 1	3701 Catoctin
	Frederick	Thursman	YES NO DE	THE STOCKESS	urnace Road
14 FATHER'S NA	ME		15. MOTHER'S MAIDEN NAM	ME	110
FIRST	Unknown	LAST	Ruth	MIDDLE	Moser
160. WAS DECEA	SED EVER IN U.S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 1 3	3701 Catoctin
YES, NO, OR UNI	(NOWN) (IF YES, GIVE WAR OR DATES)	214-28-0018	Mrs. Margare	et I. Mosen Fu	rnace Rd. Thurm.
III CAUSE	OF DEATH (Enter only one cause per li		Margart	JUNET .	APPROXIMATE INTERVAL
PARTI	DEATH WAS CAUSED BY:	Acuto	Music	rdial Dis	BETWEEN ONSET AND DEATH
11/	IMMEDIATE CAUSE (o)	OR AS A CONSEQUENCE OF	100000	y di vidi	
	tions, if any, which				
	rise to immediate (b)	OR AS A CONSEQUENCE OF			
	cause lost.	on he h consequence of			
PART 2 DTHE	R SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT BELATED TO THE TERMINAL DICE	ACT OR COMPLETION CINEM IN BART 1		
	A/a -	BOT HOT KELATED TO THE TEXMINAL DISE	ASE OR COMPITION GIVEN IN PART 1 101.		
190 DATE	OF OPERATION 196 CON	DITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
SE SE	Nana				YES NO AC
210, EXTER	NAL CAUSE WAS 216. TIME	OF INJURY 21c.	HOW INJURY OCCURRED (ENTI	ER NATURE OF INJURY IN ITEM 18 PART	
UNDERLYI	NG OR HOUR A	.M. MONTH DAY YEAR	THE THE STATE OF T		
		.M. 19 E OF INJURY (AT HOME. 21f. 1	OCATION		
WHILE		ACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
AT WORK	AT WORK				
22a. 1 ce	ertify that I took charge af the remains o	described obove, held on Auto	opsy , Inspection	Inquiry L, and in	my apinian
death res	ulted fram: Natural causes	Accident , Suicide], Hamicide [], Ûnd	letermined manner,	
	7-/		TITLE (SPECIFY)		11.
SIGNATUR	Je A	Game	M.D. Weg. MI	EDICAL EXAMINER	DATE 10.281979
- ENGLISHED	S NAME Tohn Dogge	M. D	0		
TYPE OR	rs NAME John Rogers,	IVI. U.		, Maryland	
230. BURIAL, CREA	MATION, REMOVAL 23b. DATE	23c. NAME OF CEMETERY	C	LOCATION	COUNTY STATE
Burial	12-1-197	9 Mt. Bethel (Cemetery F	foxville, Fred	erick, Maryland
MAUNERALDIA	ADDRESS ADDRES	ess615 East Main	Street 250. DATE REC'D.	BY REGISTRAR 256. REGISTR	AR'S SIGNATURE
Robert	E. Dailey & Son	Thurmont, Md.2	1.15	0 13/19	The Greeky



STATE OF MARYLAND

FEWLE WITH THE TANK MOLLEGALERA REMUSYLVARIA N.S. A. X TAKANA PARK - DASHIMITAN ADVENTIST HOSPITAL POST OFFICE ADVINISTRATER 2302 APACHE SPREED MARYLAND TRIBLES CEO. APPLIFIT X SELECTION 217-52-5203 ESTRER GROSE LESAUGN, PA.

TOTAL MANAGE NOTAGE TOTAL STEELS OF STREET STREET

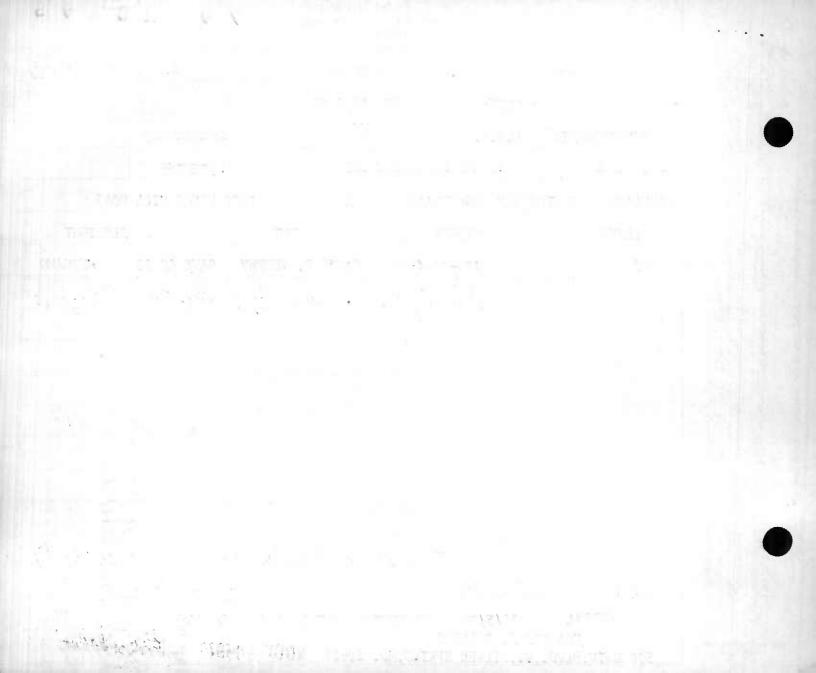
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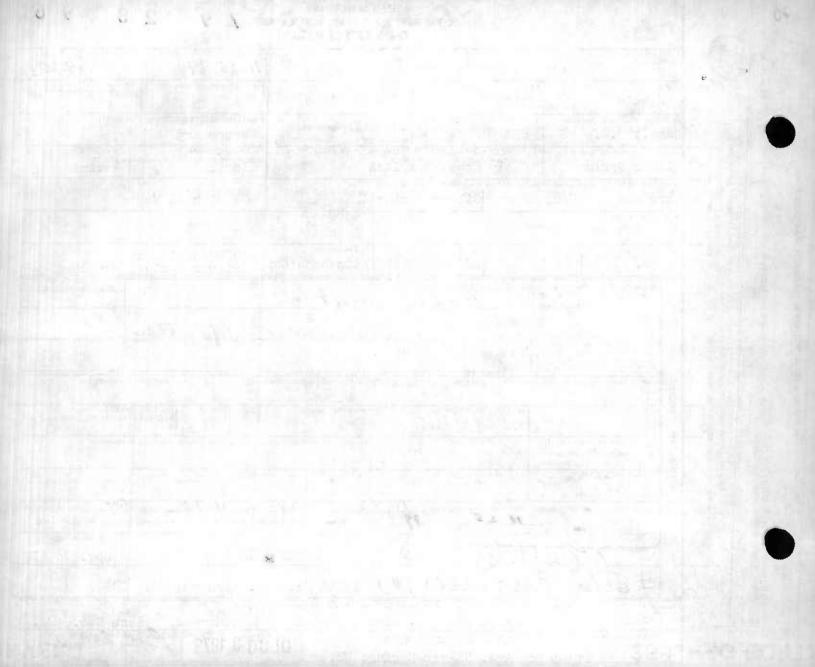
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DEPARTMENT OF HEALTH AND MENTAL HYGIERE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. DEPARTMENT OF HEALTH AND MENTAL HYGIERE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. DEPARTMENT OF HEALTH AND MENTAL HYGIERE MODIT DEPARTMENT OF HEALTH AND MENTAL HYGIERE MATCH STORY MATCH ST								MARYLAND			0	. 0	11
REGISTRAR DECEASED NAME 1821		11.								9	20	4. A	7
Martha Sherill Murphy Death					N	IEDICAL EXA	MINER'S	CERTIFICATE (OF DEATH	REG. N	10.		
Martha Sherill Murphy Death Marto 11/8 1979 Martha Sherill Murphy Death Marto 11/8 1979 Martha Sherill Murphy Death Marto 11/8 1979 Martha Sherill Market Shart Sherill Model Sherill				FIRST		MIDDLE		LAST	2o. C	ATE KNOWN	MONTH	DAY YEAR	2b. HOUR
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Mary AS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 578-10-4639 Patricia M. Edwards-olney, Maryland Approximate interval BETWEEN ONSET AND DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 B. Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 B. Diabetes mellitus 190. Date of Operation 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES NO SO NOTE: WILLIAM ONTO THE PART 1 OR PART 2 OTHER BUT NOTE PART 1 OR PART 1 OR PART 1 OR PART 1 OR PART 2 OTHER BUT NOTE PART 1 OR PART 1 OR PART 1 OR PART 1 OR PART 2 OTHER BUT NOTE PART 1 OR PART 1 OR PART 2 OTHER BUT NOTE PART 1 OR PART 1 OR PART 2 OTHER BUT NOTE PART 1 OR PART 1 OR PART 1 OR PART 1 OR PART 2 OTHER BUT NOTE PART 1 OR PART 1 OR PART 2 OTHER BUT NOTE PART 1 OR PART 1 OR PART 1 OR PART 2 OTHER BUT NOTE PART 1 OR PART 1 OR PART 2 OTHER BUT NOTE PART 1 OR PART 2 OTHER BUT NOTE PART 1 OR PART 2 OTHER BUT NOTE PART 2 OTHER BUT NOT	P				MIDDLE		411			MIDDLE TZ			10
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22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection KX Inquiry , and in my opinion			death result	ed fram: Netw	ol causes XX	Accident .	Suicide _	, Hamicide .	Undetermin	ned manner			
		7	GCC HOLDS	/	00	//							
death resulted fram: Netgral causes XX. Academ . Suicide . Hamicide . Undetermined manner .			ACTUAL	St	1	100	، مرر ه	,	MEDICAL	EVALUED	DATE	11/9	179
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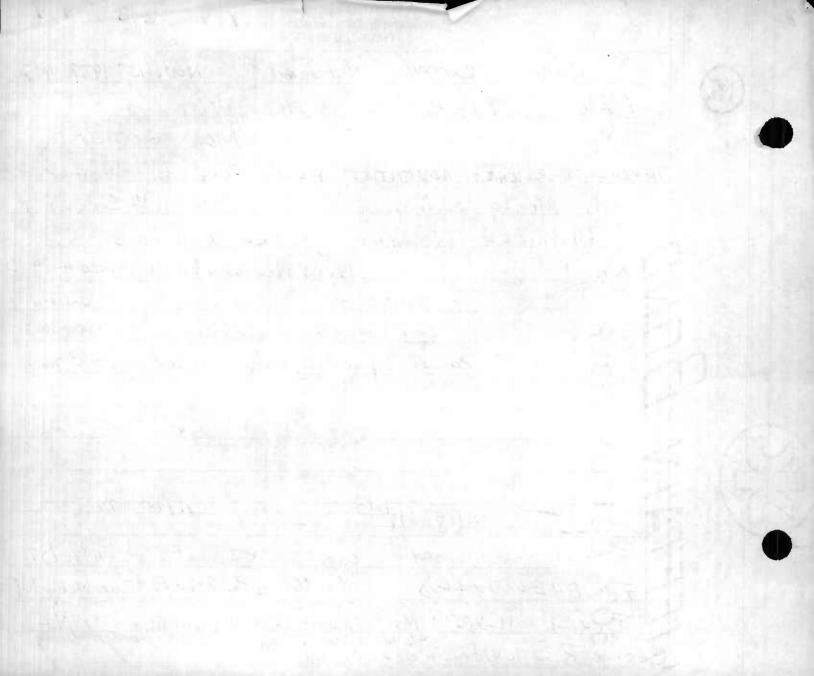
	1.	FOR STATE REGISTRAR	DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	2 8	} ~;	96		
)		CE ASED NAME FIRST OR PRINT) Mar	y Gertrude Murr		AST	20. DATE OF DEATH M	ONTH DAY	YEAR	26. HOUR 4:50		
nce.	3 SE	emale	4 RACE White	Jan Jan	F BIRTH 23, DAY 898 YEAR	AGE (IN YEARS LAST BIRTHE	YRS.	NDER 1 YEAR	IF UNDER 24 HRS		
Thed at o		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY? USA	MARRIEL WIDOWE	NEVER MARRIED	Montgomery		DEATH	MD		
St De no		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (16 NOT IN SUCH FACILITY, GIVE STREET HOLY Cross HO	NG HOME O	R OTHER INSTITUTION	12e USUAL OCCUPATIO ITYPE OF WORK FOR MOST OF V Clerical	VORKING LIFE)	NDUSTRY Retir	ed		
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exal exal	14 F/	Thomas Lewi	MIDDLE LAST		15 MOTHER'S MAIDEN NAM Helena Von			LAS	ī		
t, the me	16e V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Elizabeth Cox, Silver Spring, Ma									
ny mjury, or otner traumati	NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) (CONDITIONS CONTRIBUTING TO	ENCE OF	yo and al	1		N PART 1(c	31		
s shows a	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED			ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO			
or Item 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	ED JENTER NATURE OF INJURY	IN ITEM 18, PART 1	OR PART 2)			
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NT: If Item 21 is		saw the deceased alive above, (I) (we) (Md) (did	pital) attended the deceased fram- in 11 - 2 5 not) view the body after death.	1		MEDICAL STAFF	-	22c DATE			
MPORTANT		TELIX TYPE	CASTELLON	(,11).	27. ADDRESS 11141 Ga. Av	ve. Wheaton,	Md. 2	20902			
N.	1	URIAL, CREMATION, REMOVA Surial	Nov. 28,79 Ft	. Line	emetery or crematory	23d LOCATION CITY OR TOWN Brentwood		e Geo			
25M 1/79			s/Rinaldi Funeral hire Ave. Silver			CO 3 1979	PER STRAR	SHAN	ready		



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE LAST 20 DATE OF DEATH MONTH 1. DECEASED NAME 26 HOUR TYPE OR PRINT BABETTE MYERS 3. SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY IF UNDER 24 HRS 1 DAY 1887 MAY 92 Female Caucasian BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Germany U.S.A. Montgomery County WIDOWED IO CITY OR TOWN OF DEATH Home Homemaker Valley Nursing Home Potomac Rockville 13e STREET ADDRESS 199 Rollins Avenue Montgomery Rockville 134 INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST Unknown Unknown Silverprespring, Maryland 60 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 16h SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 220-44-1691Luiz Simmons 1320 Fenwick Lane. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 124 CMLV DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE TO erioschi Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20g AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [] NOD 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on Oc 10 obove. (I) (100 (and) (did not) view the body after death. , and that in (my) (prinion death occurred on the date and hour and from the causes stated 22h SIGNATURE. DEGREE 22c DAJE SIGNED ATTENDING MEDICAL PHYSICIAN P DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 809 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 11-6-79 Metropolitan Crematory Alexandria, VA Cremation 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24ROBETECTAR. Pumphrey Funeral Homes P.A. DHMH - 16 50M 7/77 7557 Wisconsin Ave. Bethesda, Maryland NOV 0 (VR A 15 (4))

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CERTIFICATE OF DEATH REG. NO IN DATE OF DEATH MONTH LAST 2b HOUR EDWARD NOVEMBER 1, NEWNUM 1979

1. DECEASED NAME (TYPE OR PRINT) 3. SEX

FOR - STATE

REGISTRAR

PAUL 4 RACE Male

White Th CITIZEN OF WHAT COUNTRY?

U.S.A.

5. DATE OF BIRTH MONTH April

19,1927

BALTIMORE CITY OR COUNTY OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

DAYS

MARRIED W NEVER MARRIED WIDOWED

DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Montgomery County (TYPE OF WORK FOR MOST OF WORKING LIFE)

Farmer

126 KIND OF BUSINESS OR INDUSTRY

10 CITY OR TOWN OF DEATH Bethesda

James

(YES, NO OR UNKNOWN)

Yes

To. BIRTHPLACE ISTATE OF FOREIGN

coulindiana

F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) The Clinical Center JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13e STREET ADDRESS NO Route

Farming (47832)

APPROXIMATE INTERVAL

15 Min

Indiana 4 FATHER'S NAME

MIDDLE

(IF YES, GIVE WAR OR DATES)

Park

Newnum

16b SOCIAL SECURITY NO.

Bloomingdale YES X

Hester 17 INFORMANT

15 MOTHER'S MAIDEN NAME

Edith Russell

same as

323-28-5458 Mrs. Virgina Newnum, Wife (See Above)

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost

Due to, or as a consequence of the same of

DUE TO, OR AS A CONSEQUENCE OF

Metastatic Lymphoma

Cardiopulmonary Arrest

Days 4 Years

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

22d PHYSICIAN'S NAME (TYPE OR PRINT) SRANDA

19h CONDITION FOR WHICH OPERATION WAS PERFORMED Bruel

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR

21b. TIME OF INJURY

21d. INJURY OCCURRED

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

211 LOCATION

CITY OR TOWN

STATE

STATE

22b. SIGNATUR

sow the deceased alive on November I obove. (Nowe) (did) (did not) view the body after death.

DEGREE

ATTENDING

November 1 79 79 and that in XX (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

toNovember

22c. DATE SIGNED 22. ADDRESS National Institutes of Health

230. BURIAL CREMATION REMOVAL Burial

220.1 certify that x (this haspital) attended the deceased from October 10. 19 79

23c. NAME OF CEMETERY OR CREMATORY Creek Cemetery Rush

Clinical Center, Bethesda, Maryland, 23d LOCATION

Tangier, Indiana

programy Millread

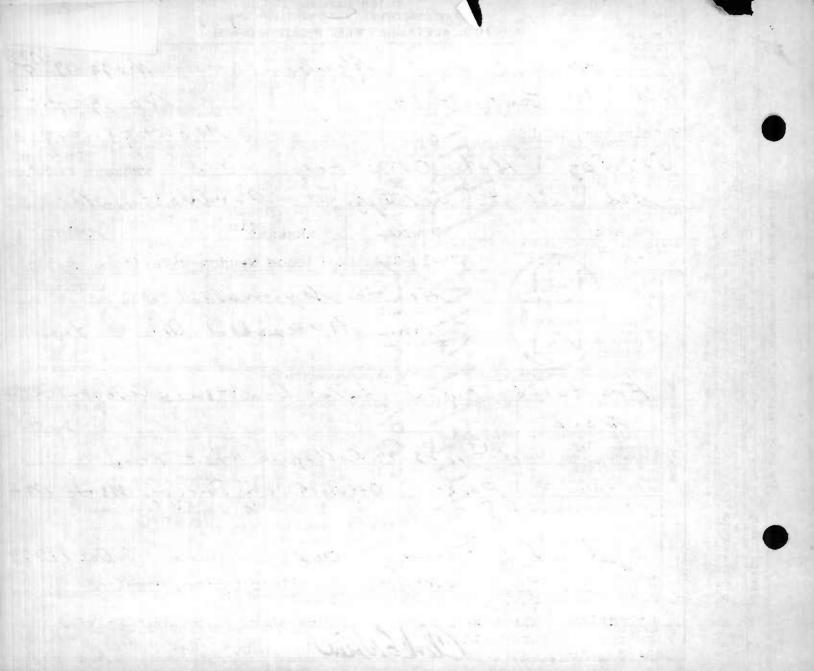
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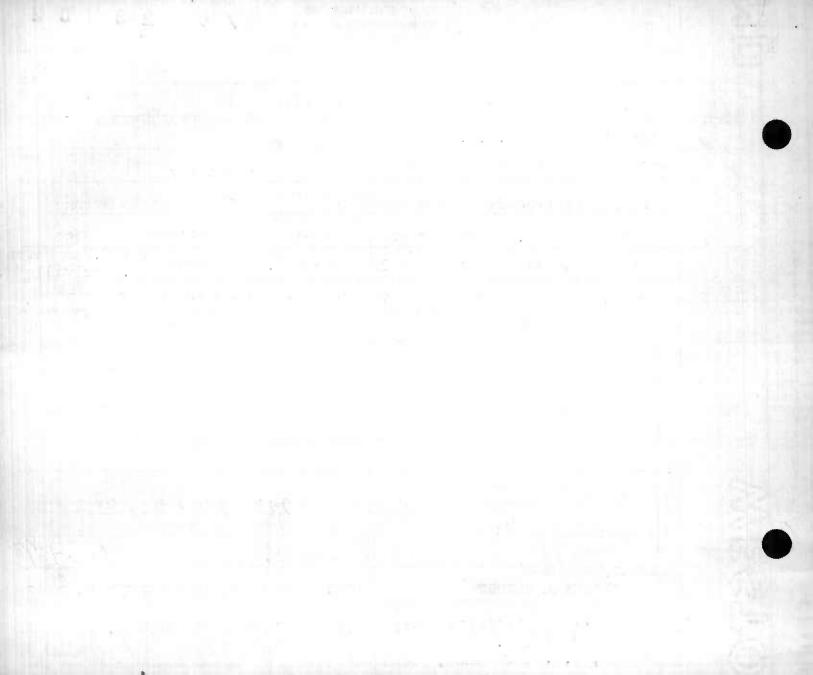
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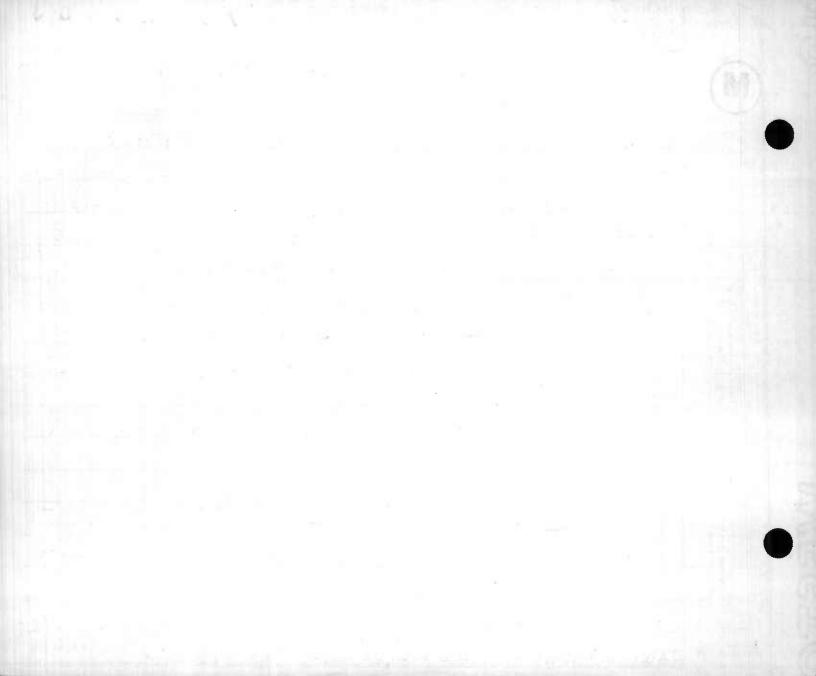
24. FUNRO DECE A. Pumphrey Funeral Homes. P. A. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 7557 Wisconsin Ave., Bethesda, MD

зансяць на 525-23-54385 11-4-74 the Constant Time or, indiana The construction of the co

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Youz. 19/ 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 4 RAC UNDER 24 HRS DATE MONTH DAY LAST BIRTHDAY) PRONOUNCED DEAD YRS Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OPDEATH 70. BIRTHPLACE (STATE OR MARRIED REVER MARRIED Washington, DC USA WIDOWED [DIVORCED 3 FILED, 120 USUAL OCCUPATION (TYPE OF FORK 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS PAGE 301 FOR MOST OF WORKING LIFE! Retired YRNKSNA RECORDS USUAL RESIDENCE NURS NO HOME OR OTHER INSTITUTION, GIV ESIDENCE BEFORE ADMISSIONS SHOULD 13c. CITY OR TOWN 113h COUNTY 13d. INSIDE CITY LIMITS? 13g STREET ADDRESS YESXX NO VIIAL 14 FATHER'S NAME IS, MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Bessie AND Hubert Newsom Fowler d 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO ADDRESS DIVISION IYES, NO, OR UNKNOWNI (IF YES, GIVE WAR OR DATES) PAGES no 78-10-9142 none Dueece Newsom-wife-(same as WITH APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. AND PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO HEALTH CERTIFICATION USED 190 DATE OF OPERATION 2B AUTOPSY? E 3 SHOULD BE USE E DEPARTMENT OF H PRIOR TO BURIAL, C 0 YES D NO 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21f LOCATION 21e PLACE OF INJURY AT WORK AT WORK and in my opinion 22a. I certify that I took charge of the remains described above, held on DIRECTOR: Notural couses death resulted from: Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL TIMORE, M. PAGE 4 SHOUTO SIGNATUR MEDICAL EXAMINER EXAMINER'S NAME John S. Rogers, ADDRESS Silver Spring, DME Maryland (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 73c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 188x Metropolitan Crematory Alexandr Cremation Warner E **DHMH - 17** VR A15 ME (5) 30M 7/73







STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/78

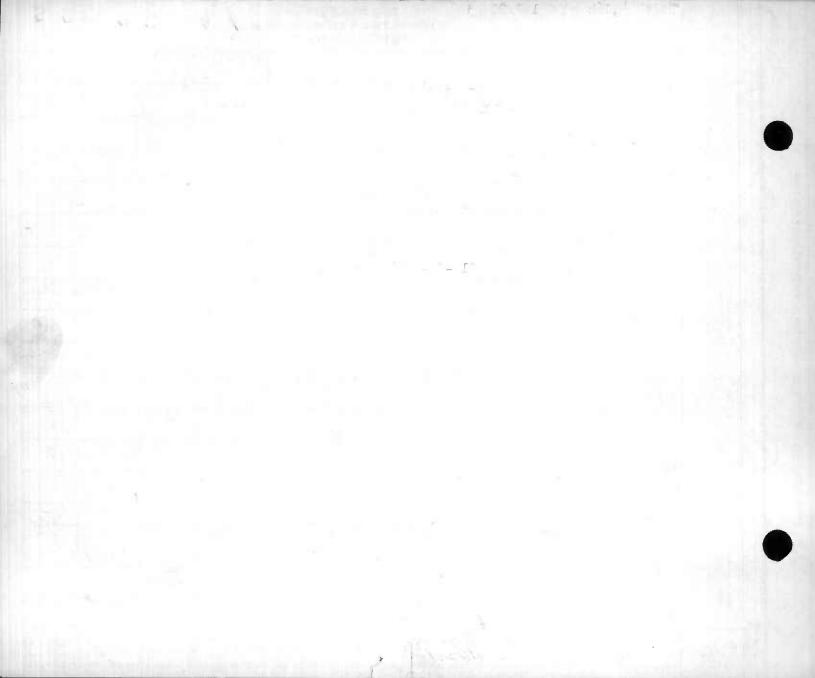
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ov.5,E7 School letter 0.3.

J. c. lee's 9 m Jc. 30-40 J., 3, 3.., 7.3.



1 - FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE/ 9 2 8 5 0 6
1. DECEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
(AMI) Mary	R. O Connor	November 12 1979 8: 15 Am
3. SEX	RACE S. DATE OF BIRTH Caucasian May 9 ^{DAY} 18 ^{VAR}	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Female		L 88 YRS.
O TO S COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIEDNEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
Massachusetts	U.S.A. WIDOWED DIVORCED	
TO CITY OR TOWN OF DEATH ROCKVILLE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (16 NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 11531 Cushman Road	120 USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKING LIFE) HOmemaker Home
Maryland Mont	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 136. CITY OR TOWN 20 CKV111e 15. MOTHER'S MAIDE	11531 Cushman Road
John	MIDDLE LAST Doyle Mary	MIDDLE HOWard
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
YES, NO OR UNKNOWN) (IF YES, G	028-28-8810 Mary E.	Haggerty Same as Above
18 CAUSE OF DEATH JEnter of	anly one cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	TE CAUSE (0) Material CARdio	respiratory failure
Conditions, it only, which	DUE TO, OR AS A CONSEQUENCE PE	washing
NG PHYSICIAN. NG PHYSICIAN: The low requires that the death certific the tribing physician. The tribing physician. The tribing physician. The death certification of the death cert	DUE TO, OR AS A CONSEQUENCE OF	
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
VITAL RECORDS VITAL	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
A CAN COLORNY AND THE STATE OF	HOUR A.M. MONTH DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
WEDICAL EXAMINE ACT SECOND A	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
20.1 certify that (1) (this has	oital) attended the deceased from OC+ , 19 n OC+ 31 19 79 , and that in (my) (our) op at view the body after death.	inion death occurred on the date and hour and from the couses stated
0 8 0 80 E	DEGREE ATTENDI	MEDICAL STAFF AN DIRECTOR PHYSICIAN
Timothy J	LUMD	Bethesda, Maryland Naval Medical Center
120 BURIAL, CREMATION, REMOVA		ORY 23d. LOCATION CITY OR TOWN COUNTY STATE
DHMH-16 50M 7/77 RODEN LAR PUM	lee - Ballic Mary Come	NOV 1 9 1979

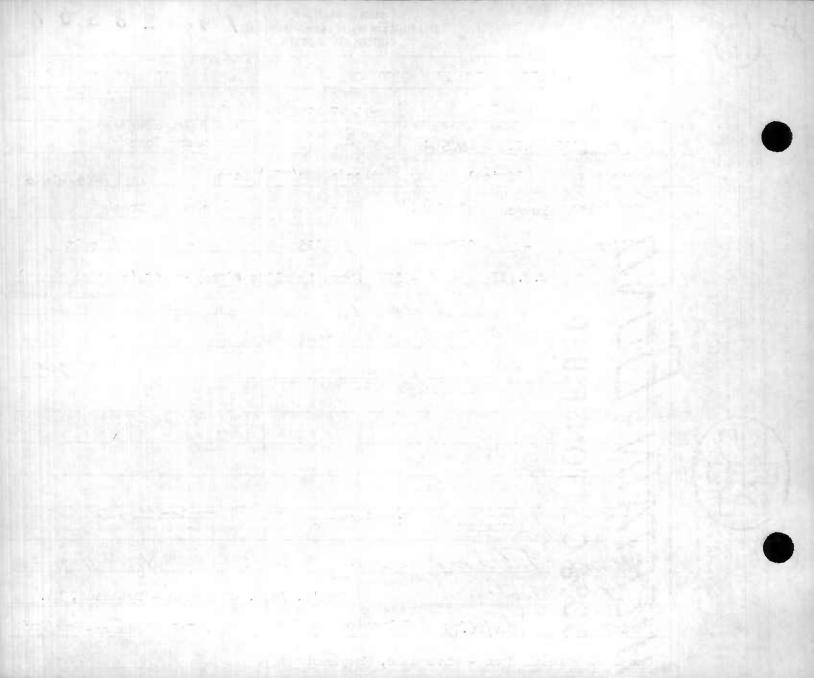
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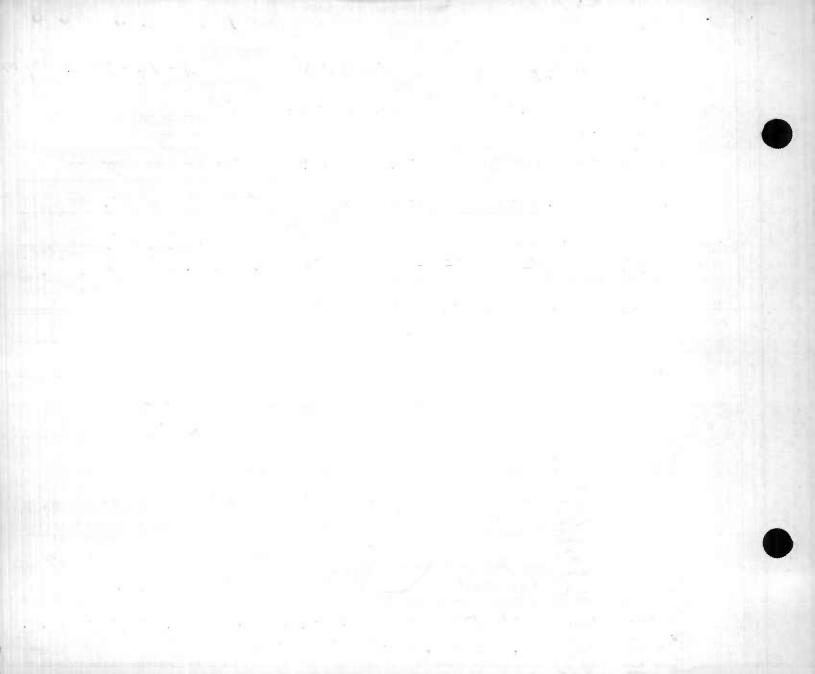
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MONTH DAY YEAR 2b HOUR 20 79 5:45P 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery County 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Accountant INDUSTRY ACCOUNTING 13. STREET ADDRESS 96 McNomee Street Toult Mrs. Madeline O'Connor Wife (same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE to November 20 _19 __7Q__, and that in (n) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Nat'l. Inst. of Health - Bethesda, Md. Long Island Nassau-New York Nov/26/79 24 FUNERAL DIRECTOR Chambers Funeral Home - Riverdale, Maryland

DHMH - 16 50M 1/76 (VR A 15 (4))



(VRA 15, 4) 7/78



STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO 20 DATE OF DEATH MONTH

(TYPE OR PRINT)	Effie	1	May	0s	borne		Novem	ber 10	, 1979	6:	40A
3. SEX	4 RAG	CE		S. DATE O	F BIRTH DAY	YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEA		FR 24 HR
Fema	ale C	aucas	ion	6	11	1921	58	YRS	MONTHS DAY	S HOURS	MIN
To BIRTHPLACE (STATE O	R FOREIGN 76 CT	IZEN OF WH	HAT COUNTRY?	MARRIED	NEVER	MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH		
Tenness	se	II.S.	Α.	WIDOWE		NORCED	Montg	omery			- 1
10 CITY OR TOWN OF D			SPITAL, NURSIN		R OTHER INS	TITUTION	12a USUAL OCCUP			OF BUSIN	VESS C
Olney		Montg	omery Ge	neral	Hospi	tal	Timekee	per	Co	nst.	
USUAL RESIDENCE (IFN	13b COUNTY		E RESIDENCE BEFORE		13d INSIDE	CITY LIMITS?	13e STREET ADDRE	-			
Maryland	Montgo	meryE	urtons	vill.	YES X	NO 🗌	3805 F	3e11 R	Coad		
14 FATHER'S NAME	MIDDLE	_	LAST		15. MOTHER	S MAIDEN NA				LAST	
Richard	Lee	Li	vesav	47 00	Ma	rv	Dezie		Marti		
160 WAS DECEASED EV	ER IN U.S. ARMED F		SOCIAL SECU	RITY NO.	17 INFORM	ANT	AD	805 B	e11 R	oad	
No			212-14	-521	LWill	iam F.	Osborne	Burt	onsvi	11e.	M
	ATH (Enter only one I WAS CAUSED BY IMMEDIATE CAU		e for (a), (b), and	d (c .			ng Emel		APPR	OXIMATE INT	ERVAL
1627	0	UE TO, OR A	S A CONSEQUE	NCE OF	(7	1				
Canditians, if a gave rise to i	immediate	UE TO, OR A	S A CONSEQUE	NCE OF							

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH

P.M

21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NUN

and that in (my) (our)-opinian death accurred on the date and have and from the causes stated

COUNTY

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

STATE

NO [

sow the deceased alive on 22b. SIGNATUR

CERTIFICATION

MEDICAL

. DECEASED NAME

23b. DATE

220.1 certify that (I) (this hasaital) attended the deceased fram

DEGREE

21f LOCATION

ATTENDING

MEDICAL STAFF
DIRECTOR PHYSICIAN

CITY OR TOWN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Buriat

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d. INJURY OCCURRED

A. Dement Bonifant, M. D.

200 ADD 18111 Prince Philip Drive 23c NAME OF CEMETERY OR CREMATORY

Union

Olney, MD 20832

23d. LOCATION

Burtonsville

230. BURIAL, CREMATION, REMOVAL

should be detoched with the Stote Dept.

prior

or Item 18 sho

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MPORTANT

be

certificate has be

FUNERAL DIRECTOR:

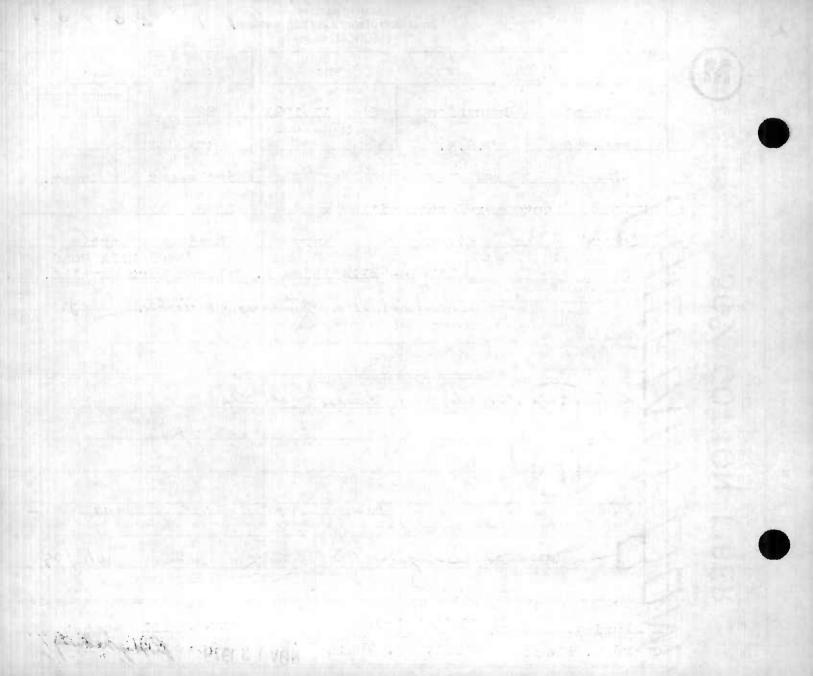
DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR Howard M. Fleck

7601 Sandy Spring Laurel, Md. 20810 Rd.

11/13/79

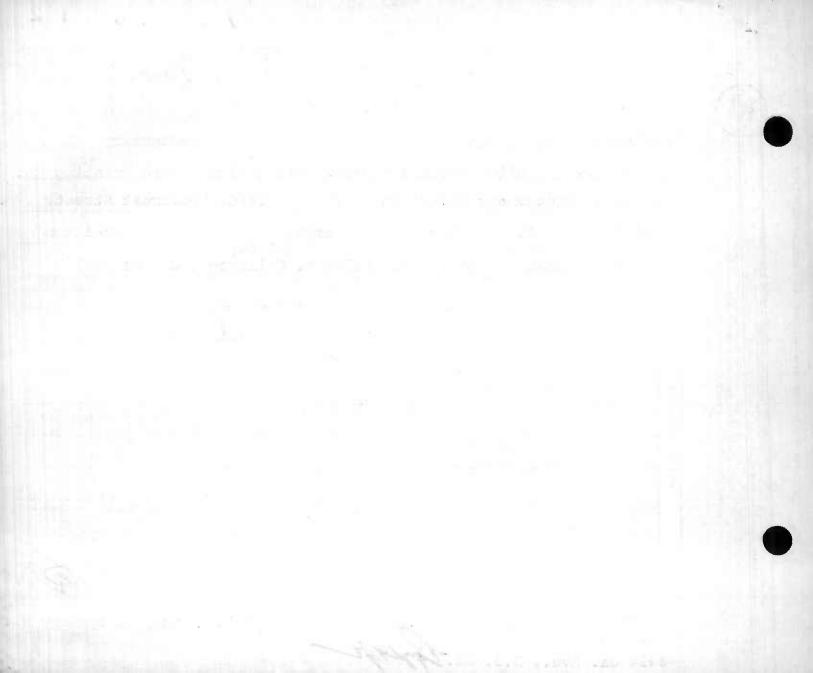
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8	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 9 2. REG. NO.	8511
3 6	I. DE	CEASED NAME FIRST OR PRINT) THER	ESA P	ANESSIDI	20 DATE OF DEATH MONTH	17-79 820 RM
ge 4 may	3. SE	FEMALE	WHITE	S DATE OF BIRTH MONTH P P P P P P P P P P P P P	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
death. Pagi uneral direction 72 hours	70 BI	RTHPLACE ISTATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN MONTGON	
offer of with the f	T	AKOMA PARK	CIENOT IN SUCH FACILITY, GIVE STREET WAS HINGTON AC	DUENTIST HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	12b. KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 shauld be fill val. 11, the medical exagine ransy be no	130 5	MD. 136 COUR	P.G. HYATTS!	N 13d INSIDE CITY LIMITS?	130 STREET ADDRESS	Ave.
maryl.		Antonio	MIDDLE Collova	Vincenzo	MIDDLE Di Covi	LAST
TIMORE, be execu	16a V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	THE PROPERTY OF THE PROPERTY O	43145 Frank Gal	ipo 1205 GAL	was DR. SS., Md
201 W. PRESTON ST., ss that the death certific red by the ottending ph please remove carbon p. urial, cremation, ar remo , or other traumatic ever		PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CONSEQUE (c) (c)	Respiratory NCE OF Jic pulma	Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
it RECORDS, on require to the law require to the been sign to permit. Then the prior to be the prior to be the prior to the pows only injury	CERTIFICATION	TOGSESS!	ve Spinal (OPERATION WAS PERFORMED	Degeneration 1206 IF	YES, WERE FINDINGS USED TIFFING CAUSES OF DEATH? YES NO NO
VSICIAN: TI	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)			RED (ENTER NATURE OF INJURY IN ITEM 1	8, PART 1 OR PART 2)
DIVISIG DIVISION DIVISION Or attenth Or as the bill of the order	WE	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
at OR ATTEND the hospital of the LINECTOR of the teloched for use and Dept. of Hec		sow the deceased plive on	101) ottended the decessed from 197	DEGREE PATTENDING	death accurred on the date and h	nour and from the causes stated 22c. DATE SIGNED
TO HOSPITAL of retained by the TO FUNERAL IS should be detain with the State [IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPEO	Calli lhanna	η D 1109 Sp	ring St. S.S.	Md
[70/BP	{	Burial, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY		Mont Md.
DHMH - 16 50M 1/76 (VR A 15 (4))		ines/Rinaldi	F.H.11800 N.H		TE REC'D, BY REGISTRAR 256, REG	in from the Dready

TO STATE OF THE PARTY OF THE PA



death certificate be

24	
A	1
W	

nding physicion and completely filled in by the funeral director, page 2, corbangopers. Pages 1 and 2 should be filled within 72 hours after death

the attending physicio

er must be notified of opce.

MPORTANT: If Item 21 is marked at Item 18 shows any injury, at ather froumatic event, the medical

230. BURIAL, CREMATION, REMOVAL

236. DATE

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO FUNERAL DIRECTOR: After this certificate has O HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physician

STATE OF MARYLAND

STATE

REGISTRAR'S SIGNATURE

	1-	STATE REGISTRAR		DEPART		FICATE OF DEATH	REG. NO	0.		
		CEASED NAME FIRST		WIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	11112	George	Edv	ward	Penr	nell	November	13, 1	L979	5:45 A
	3. SE	X	4 RACE	11/11/21		OF BIRTH	6. AGE (IN YEARS LAST BIRT	'HDAY}	IF UNDER 1 YEAR	# UNDER 24 HRS
	M	ale	White		Febr	uary 11 1919	60	YRS.	MONTHS DAYS	HOURS MIN
1	C	RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	8 MARRIE	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	TY OF DEATH	
1		1110015	USA	912	WIDOW		Montgomer	v		MD
1		ethesda	MF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET INICAL CO	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATI	F WORKING	LIFE) INDUSTRY	F BUSINESS OR
5	4USU/	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION		105 Nevi	Ne	7111114	-019
15		aryland (136 COU	NTY 10-+	Roseh ave		Beach NO	13e STREET ADDRESS 628 Alaba	ma Av	venue	,
1/2		THER'S NAME				15 MOTHER'S MAIDEN NA	ME		1	
46	3	Crl	WIDDLE POL	noell		LILLED	MIDDLE		5mil	h
5		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE		1,511	
1		105 49.	-53	329-12-9	001	Jesslie L. Pe	ennell (wife	e) S	ame as A	
		18 CAUSE OF DEATH (Enter o		line far (a), (b), an	dic				APPROXI BETWEEN C	MATE INTERVAL
		PART I DEATH WAS CAUSI	TE CAUSE (a)	Cardiopul	mona	y Arrest				
		1729 Conditions, if any, which	DUE TO, O	r as a conseque	ENCE OF	Pneumonia			2 D	ays
		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, O	r as a conseque	ENCE OF	Metastatic I	Melanoma		5 Y	ears
	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART 110	
T	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES YES [X]	
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	A117	FINJURY M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18	, PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
		22a.1 certify that (X)(this hasp saw the deceased alive or above, (X)	13 Nove	e deceased from 1975	5 No	vember 1979 and that in (m) (our) apinion (to 13 Novement on the de-			that (# (we) lost causes stated
		22b. SIGNATUR	. 0	11		DEGREE	Lively 1	. 1	22c. DATE	
.,		17 de	12 6,1	tall	•		MEDICAL STAI	IAN		3.79
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	y Have las		22e ADDRESS The C	linical Cer	iter,	Nationa	1
1	9	hobert E	. Hall			Institutes of	Health, Be	etnes	ua, ma	

231. NAME OF CEMETERY OR CREMATORY

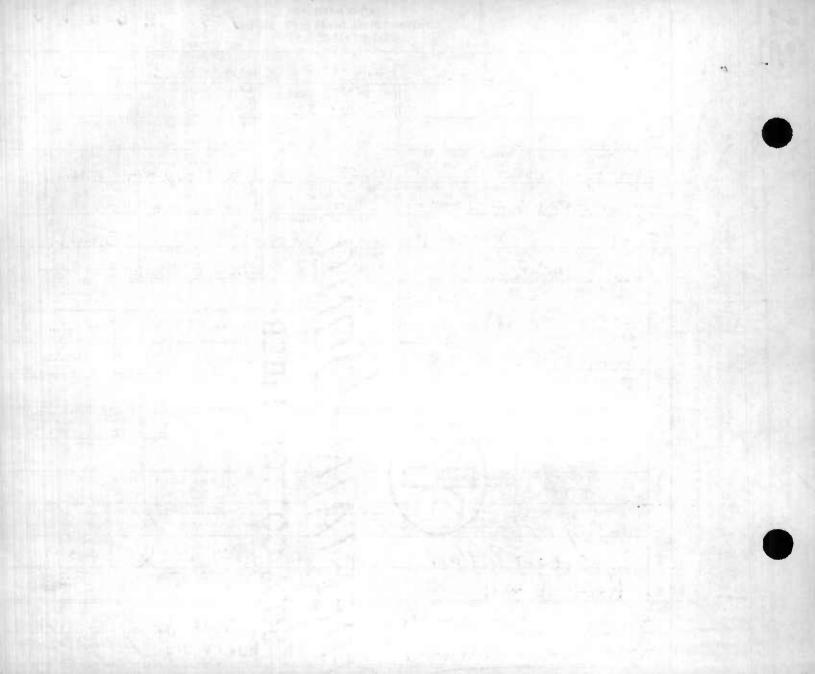
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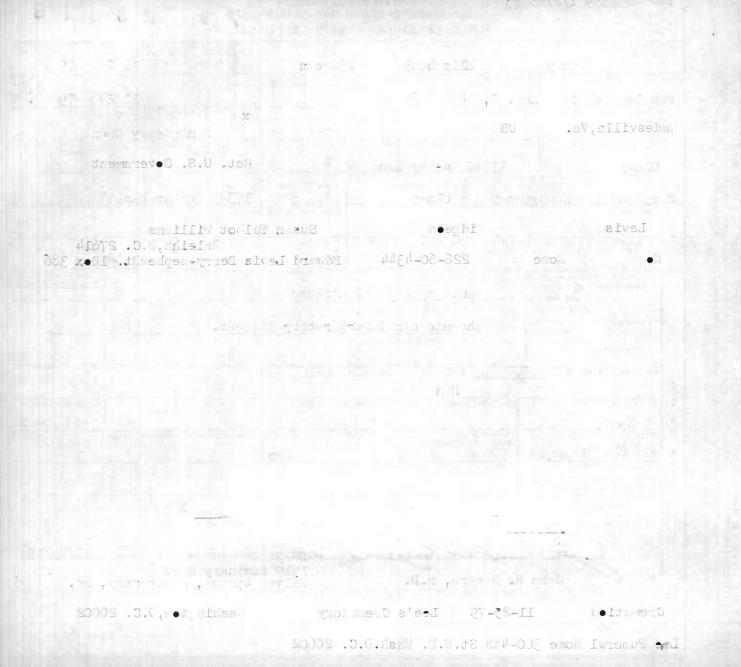
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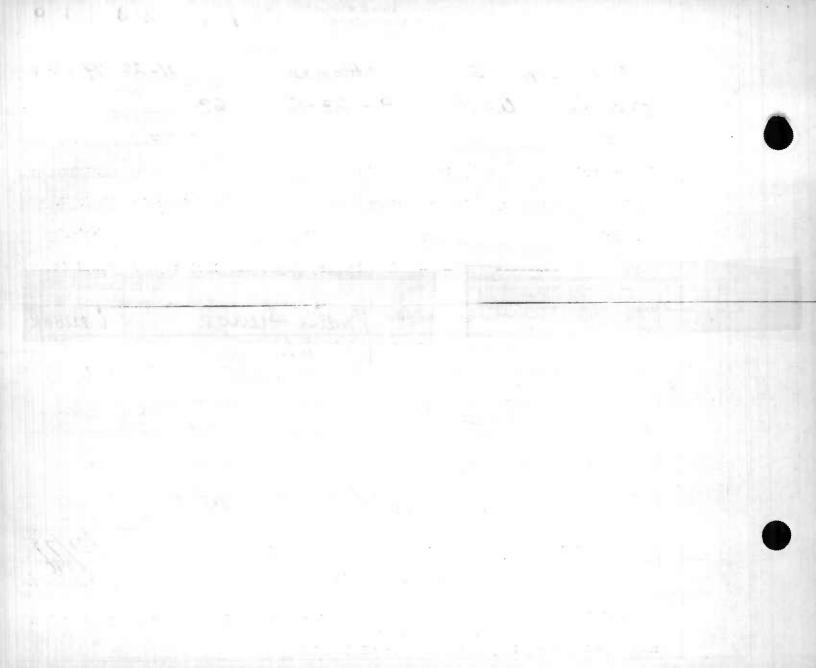


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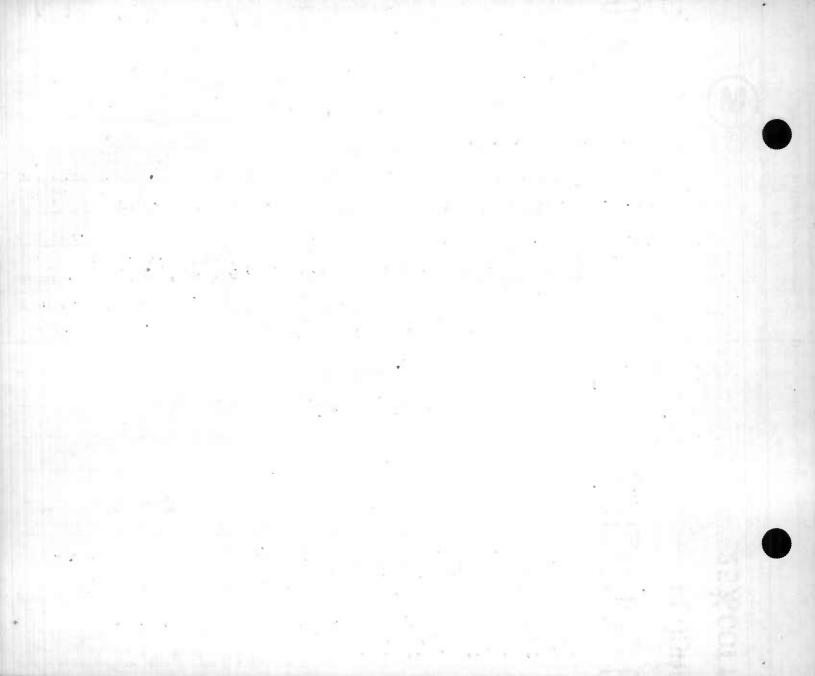
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH MONTH 2b. HOUR 1. DECEASED NAME TYPE OR PRINT) AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4 RACE HOURS DAYS BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY 70. BIRTHPLACE ISTATE OR FOREIGN MARRIEN NEVER MARRIED COUNTRY New York Montgomery USA WIDOWED DIVORCED | 126 KIND OF BUSINESS OR 12ª USUAL OCCUPATION ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Silver Spring Photography Holy Cross Hospital Salesperson USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a STATE 113b COUNTY 114: CITY OR TOWN 13e. STREET ADDRESS 134 INSIDE CITY LIMITS? filled bold b 1111 University Blvd. W. Silver Spring Maryland Montgomery YESXX NO [15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST FIRST MIDDLE FIRST MIDDLE Molly Kobrinsky Morris Samet ADDRESS IAN SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Md. IYES, NO OR UNKNOWN) I LIF YES GIVE WAR OR DATEST 107-16-5631 Gregory Kaye; 421 Christopher Ave, Gaithersbg No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for 10), (b), and 100. PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF 6 nuonts Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? uno YES 🗍 NO YES | NO | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED Ď 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred an the date and hour and from the causes stated obove. (I) (we) (did) (did not) view the body offer death. 226 SIGNATURE DEGREE THE DATE SIGNED ATTENDING MEDICAL be deto MPORTANT: DIRECTOR PHYSICIAN 224 PHYSICIAN'S ALAME ITYPE OR PRINT 22e ADDRESS should be 0 23s. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION I SPECIEV CITY OF TOWN COUNTY Burial 11 - 30 - 79Judean Mem. Gardens Olney, Montgomery, Maryland 24 FUNERAL DIRECTOR 250. DATE RECED. BY REGISTRAR 250. REGISTRAR'S SIGNATURE ADDRESS Rockville. Md. DHMH-16 20M (VRA 15, 4) 7/78 Danzansky-Goldberg Chapels; 1170 Rockville Pike



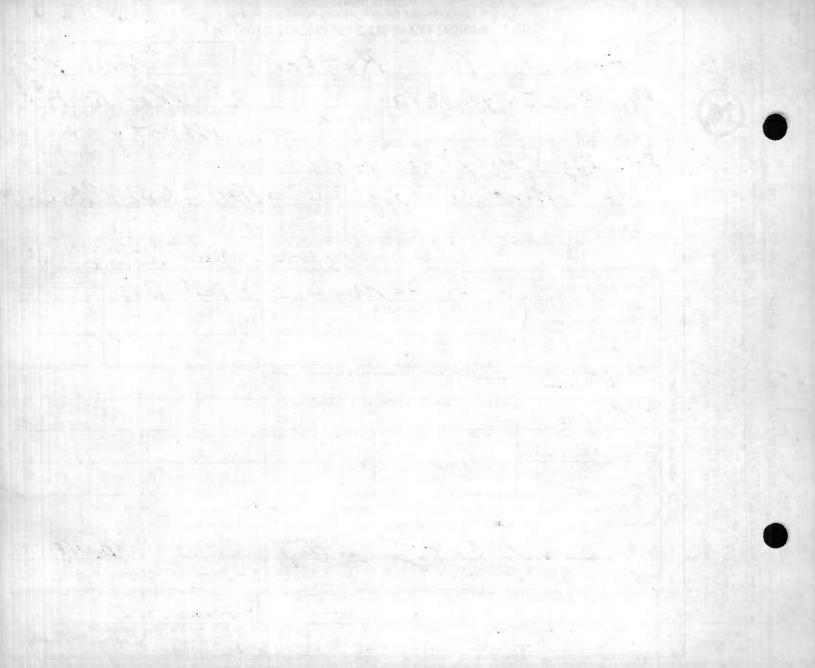
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN MONTH (TYPE OR PRINT) DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR FUNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 7DYRS 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED PINEVER MARRIED FOREIGN COUNTRY! USA Pennsylvania WIDOWED [DIVORCED mer NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE 26. KIND OF BUSINE FOR MOST OF WORKING LIFE) OR INDUSTRY Transit Ret. Driver 13d INSIDE CITY LIMITS? 13e, STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME OF VIT LAST Jennie Ryan MIDDLE LAST James Rafferty 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 11 Columbia Pike DIVISION (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES 161-10-0184 Margaret R. Rafferty No Silver Spring, Md CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER ANNIELSANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). ona CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK WHILE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes Hamicide L Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER 1919 Seminary Rd. Silver Spring, Md. EXAMBLER'S NAME John S. Rogers ER OR PRINT ADDRES: 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION Nov. 18, 79 Lee's Crematory Washington, D.C. Cremation 24. FUNERAL DIRECTOR Hines/Rinaldi Funeral Home 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 Einter Mc Bread (VR A15 ME (5)) 11800 New Hampshire Ave. Silver Spring, Md. 30M 7/73



		STATE REGISTRAR EASED NAME	FIRST		DICAL EXAMI		ERTIFICAT		TH REG. NO	_	
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AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. ROUTO BE FILED. WITHIN 72 HOURS. ECORDS, 301 W. PRESTON STREET.	Zo. BIR	emale STHPLACE (ST	white ATE OR	Aug. 11		VRS. 3	IED NEVERA	AARRIED XX	9. BALTIMORE CITY O		
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7		THER'S NAME	(no	one)	Rahman		15. MOTHER'S A		(none)	В	egum
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AL, CREMATION, OR REMOVAL.		gave ris cause (o) lying cau		(b)	R AS A CONSEQUENC	E OF					
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IF UNDER 24 HRS

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND

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Burial 24 FUNERAL DIRECTOR

DeMaine Funeral Home

- STATE

11/5/1979

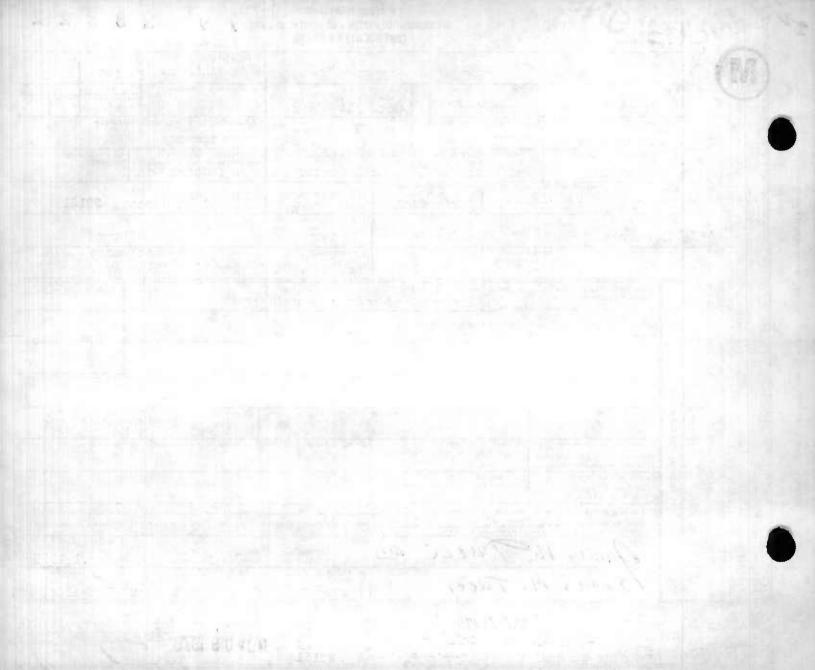
Oak Hill Cemetery

250. DATE RE Springfield, Va. 22151

Pennsylvania NI REGISTRALE SIGNATURE Grandy

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Nov. 1, 1979



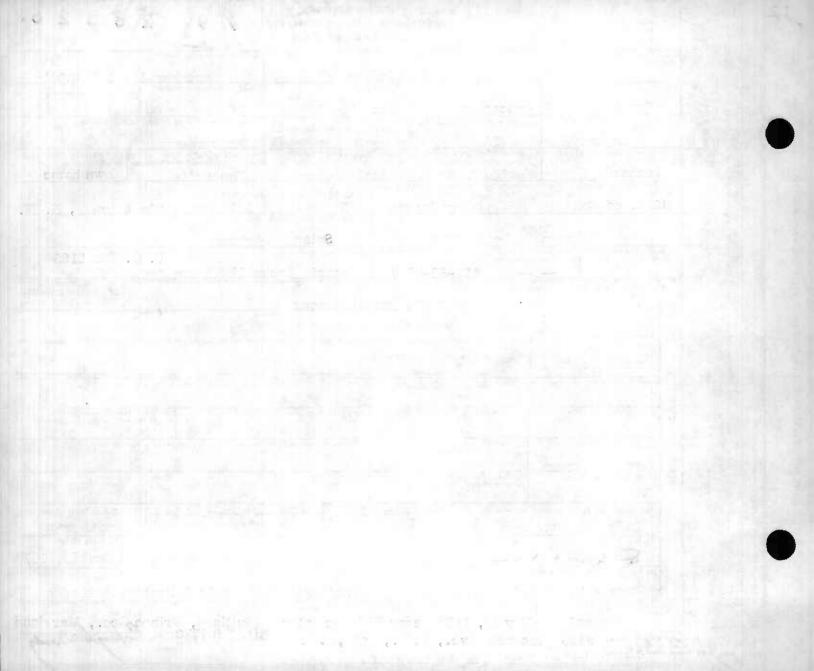
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle lost 2a. DATE OF DEATH (Type or print) Month / ALIGE MAE RENN 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. filled in by the WHITE NOV. 21, 1.895 lost birthday) MONTHS DAYS HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) MARYLAND papers. Montgomer USA DIVORCED [WIDOWED TX Md. within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY HOME during most of warking life, even if retired.) BURTONSVILLE carban completely SPRING ROAD 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE MID 13b. COUNTYNTGOMERY BURTONSVILLEYES 4201 SANDY NO C remave SPRING ROAD and in any JA. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Last pup Last THOMAS BRICE AITCHESON CONNELL ANNE 166 SOCIAL SECURITY NO. 21.3 36 3528 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na, or unknown) BRICE RENN 41.05 SANDY SPRING RAOD crematian, ar remaval, BURTONSVILLE APPROXIMATE INTERVALLE attending p 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) terpsclerotic Heart signed by the burial-transit burial, cremati Conditions, if ony, which gove rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the t f Health priar to b as the has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO C O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year af (If either, notify medical examiner) P.M detached Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at wark State [0 22a. I certify that (I) (this haspital) attended the deceased fram 12/2/ shauld be saw the deceased alive an 9/18 1979, and that in (my) (aur) apinian death accurred an the date and haur and fram the director, page 3 shauld should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DAJE SIGNED **ATTENDING** DIRECTOR PHYS PHYS. 22d BHYSICIAN'S 22e. ADDRESS NAME (Type) Sandy 23o. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY BUR TONSOLD (City or Town) (County) (State) REMOVAL (Specify) 6.1979 UNION CEMETERY 25b. REGISTRAN'S SIGNATURE 24. FUNERAL DIRECTOR RECO BY REGISTRAP979 LAUREL, MD DONALDSON FUNERAL HOME 30M REV. 1/68 DATE

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Joseph Gawler Sons Washington D. C.



Gaithersburg. Md.

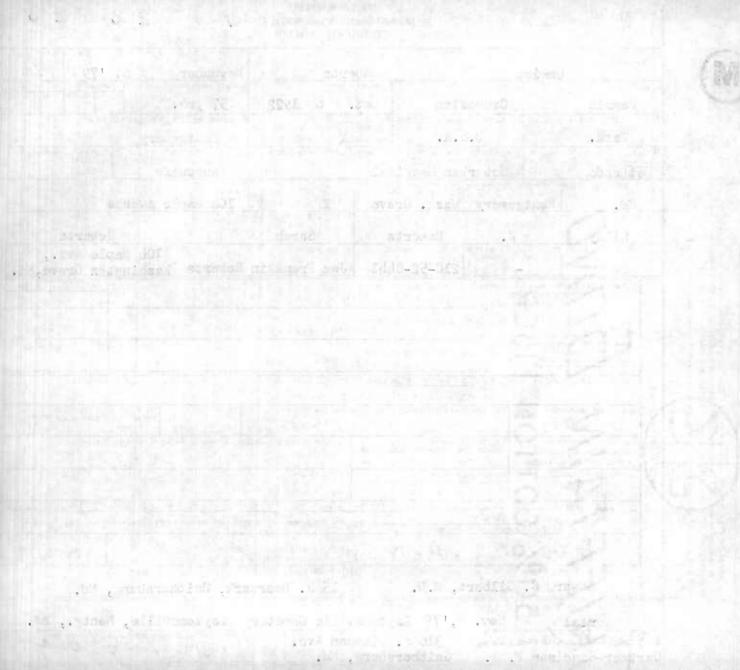
FOR

Gartner-Sandison F. H.

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) ESTI-PHILIP Н. DEATH MATED ROBERTS 23 SEX 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS. DATE 2d. HOUR 1913 66 ps 4. PRONOUNCED a 31 Nov. 1979 male white FUNERAL D 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Vidalia, Louisanna U. S. A. Montgomery County DIVORCED Silver Sprg. 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Holy Cross Hospital Retired U. S. government, BE SHOULD George Beltsville. 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Pr. NO 14615 Powder Mill Rd. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Wayne W. MIDDLE LAST DIVISION OF VIT Roberts. Videlia- Vivian Hough. FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. PAGES (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES! 427-46-8461 M. Margaret E. Roberts. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., PART I DEATH WAS CAUSED BY: Metastatic lung cancer DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). MEDIC CERTIFICATION OF HEA 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? DEPARTMENT OF YES X NO 8E 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 38 PART 1 OR PART 21 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. STREET STATE COUNTY 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, MA Assistant DATE 11-24-79 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. TYPE OR PRINT) ADDRESS 73L NAME OF CEMETERY REGISTRAR STAGNATURE **DHMH - 17** (VR A15 ME (5)) 30M 7/73

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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	(TIPE	OR PRINT)	Lill	ie	V.	Ro	binsc	n	Nov.	6,	1979	4;20 A
	3. SEX			4 RACE		S. DATE C		YEAR	6 AGE (IN YEARS LAS	T BIRTHDAY]	IF UNDER I YEAR	IF UNDER 24 HRS
		Female		Whi	te	May	16	1901	78	YRS.	MONTHS DAYS	HOURS MIN
		RTHPLACE (STATE OF	FOREIGN	16 CITIZEN OF	WHAT COUNTRY	? 8	NEVER /	AADDIED []	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH	
3		rginia		US	SA	WIDOWE		VORCED	Montgon	nery		MD
8		lver Sp	ring		HOSPITAL, NURSI	T ADDRESS]	200	NOITUTION	12a. USUAL OCCU ITYPE OF WORK FOR M Homema	OST OF WORKING		OF BUSINESS OR
5	13a S	AL RESIDENCE (IF NO	13b COUL P.G.	VIY	GIVE RESIDENCE BEFO 136. CITY OR TOV Suitlar	WN	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRI 5702 NO	ss rman	Court	
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2		VAS DECEASED EVE (ES, NO OR UNKNOWN)		RMED FORCES? E WAR OR DATES]	578-01		17 Same Beatr	as A	bove Lowery	DDRESS	ghter	
		18 CAUSE OF DEA	TH (Enter or	aly one course per	7-7		/	7/				MATE INTERVAL ONSET AND DEATH
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		gave rise to in couse 101, star underlying cau	ing the	DUE TO, O	RAS A CONSCOL	LENCE OF	and	2 0	eteo Che	les den	Come an	went
	-	PART 2 OTHER SIG	GNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	11	INAL DISEASE OR	ONDITION G	IVEN IN PART 1	0)
	ō			(rosono	y all	ny	Cest	Oz -			
	CERTIFICATION	19a DATE OF OPER	AJION	196 COND	ITION FOR WHIE	H OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERT	S, WERE FIND II IFYING CAUSES 'ES	
		21a. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTIFY MED	CAUSE OF DE	AIN .	OF INJURY .M. MONTH [.M.	DAY YEAR	21¢ HOW IN	JURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18.	PART 1 OR PART 2]	
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	60	220.1 certify that			deceased fram	6	10/9	_, 19_75	, ta	11/5	7	that (I) (we) last
	30	saw the deced abave, (1) (we)	sed olive an (did)(did no	at view the body	after death	-		(our) opinion	death occurred on t	he dote and ho	our and fram the	couses stated
		22b. SIGNATURE	Da.	al C	1/26	2 14	DEGREE	TTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN [22¢. DATE	2.79
-		22d. PHYSICIAN'S	VAME /TYPE C	O DOINT)	- 1		122e, ADDRES	S				

BP. DHMH - 16 50M7/77 (VRA 15 (4))

11-9-79

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Reliance Mem.

Reliance,

Warren, Va.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial Cem. Wilhelmodress 4308 Suitland 250 DATE REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robt E

Rd., Suitland, Md Funeral

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DELAY IS 3 TO THE PIN PAGE SE FILED, 105, 301 V		SETHESDA		SURBAN HXOSPI		120. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) SIIPERVISOR	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
- A P S S	USU A 13a. ST	L RESIDENCE (IF IN NURS)	ING HOME OR OTHER INSTITUTION, O Bb. COUNTY MONT	13c. PAKOMAWIPARK	13d. INSTRECTLY LIMITS?	13.809 TERRICH AVE	
PATH.		THER'S NAME FIRST TILIAM	M. ROBINSON	LAST	15. MOTHER'S MAID FIRST BEATRIC	EN NAME CE R. FIELDS	t AST
OURS AFTER DE B. GIVE PAGE: WITH FORM I. PAGES 1 AN DIVISION OF	16a. W	AS DECEASED EVER IN	U.S. ARMED FORCES?	579209111	BETTY J.		LARCH AVE
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AN RITHOG THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND RED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RET RES 3 SHOULD BE USED AS A BURIAL: IRANSIT PERMIT PAGES 1 AND 2. SHOULD E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECCIPIENT TO BURIAL, CREMATION, OR REMOVAL.		Conditions, if an gave rise to in couse (a) stating the lying cause last.	y, which mediate he under-	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	seularg	Disease _	BETWEEN ONSET AND DEATH
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VG THE WORD D TO THE CH SHOULD BE U EPARTMENT OI IOR TO BURIAL.		210 EXTERNAL CAUSE UNDERLYING OF CONTRIBUTING CA	AUSE OF DEATH P.A	M. MONTH DAY YEAR M. 19		ED LENTER NATURE OF INJURY IN ITEM 18 PA	
WARDED T PAGE 3 SH STATE DEPA 1201 PRIOR	MEDICAL	WHILE NOT WAT WORK AT WORK	HILE STREET, FAC	OF INJURY (AT HOME, 21f. CTORY, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY STATE
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

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FOR STATE REGISTRAR		T OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	REG. NO.	0 3 3 2
1. DECEASED NAME FIRST (TYPE OR PRINT) EMM	na A, K	ogers	20 DATE OF DEATH MONTH	0AY YEAR 26 HOUR 545
3. SEX	4 RACE 5.1	DATE OF BIRTH MONTH DAY 13 1887	6 AGE (IN YEARS LAST BIRTHDAY) 91 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, D		MARRIED NEVER MARRIED DIVORCED DIVORCED	9 BALTIMORE CITY OR COUNT Montgomer	
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR	OME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS O
136 COL		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	DA C c
4. FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE	LAST
Charles 160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) NO.	VE WAR OR DATES)	Annie No. 17 INFORMANT 596 Dorsey Rog	ADDRESS	Riley.
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DHMH - 16 50M 1/76 (VR A 15 (4))

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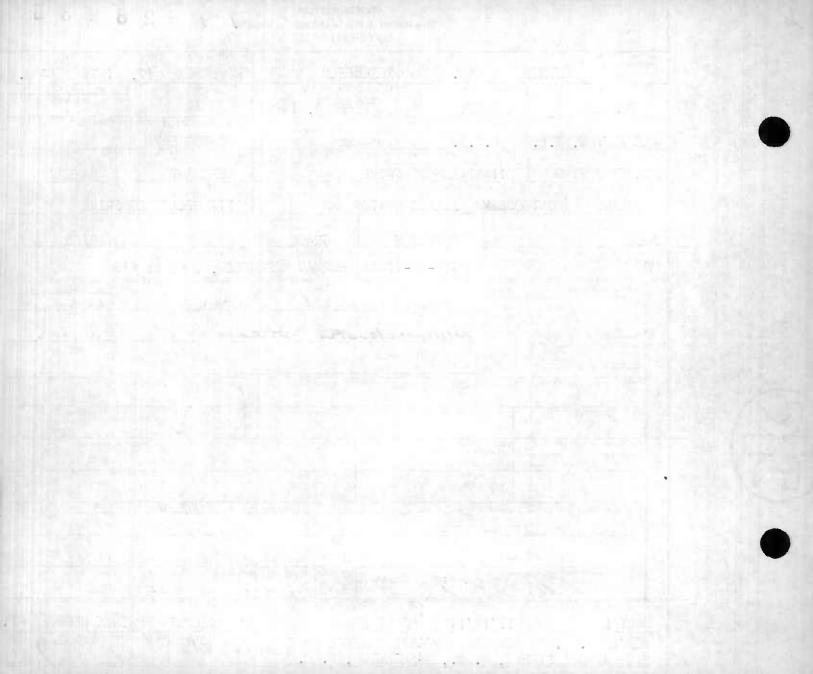
Metropolitan Funeral Service Alexandria, Va.

STATE OF MARYLAND

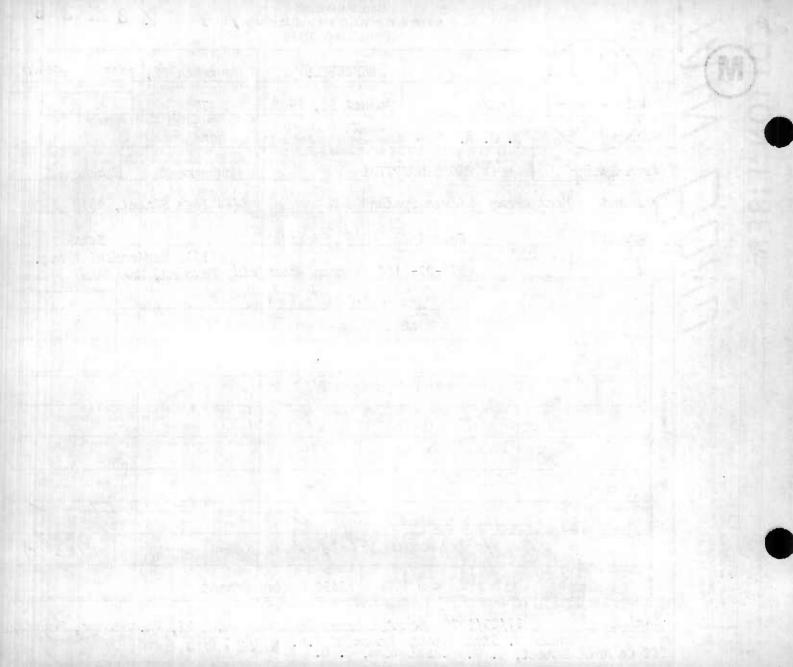
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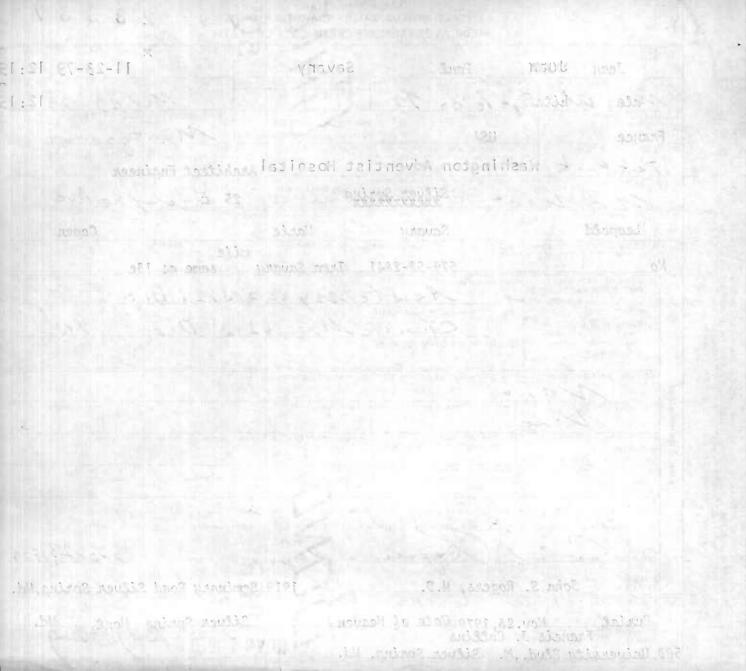
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(VR A 15 (4))



STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME JOHN 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) LINKROUN NORMAN 3. SEX AGE (IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR MONTH YEAR Male White 33 46 To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED Montgomery West Virginia U.S.A. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IPNOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesda Wisconsin Ave. Apt. 1613 5480 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Teller Bank JSUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

30 STATE

131 COUNTY

132 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomer Bethesda 5480 Wisconsin Ave. Apt. 161 YES X NO [4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Rice Scarlett Thelma 60 WAS DECEASED EVER IN U.S. ARMED FORCES SOCIAL SECURITY NO 17 INFORMANT 238 Berniece Ave. (YES, NO OR UNKNOWN) Thelma Scarlett No Martinsburg. W. Va 18 CAUSE OF DEATH (Enter only one cause per line for (a), ib and ic PART I, DEATH WAS CAUSED BY Hemes DISTASE ARTERIOSCIPROTIC YEANS DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION AN PERLOSCLE KOSIS CYCY DAGMIN VERN 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 MONTH HOUR A.M. DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram present sow the deceased olive on_ and that in (my) (our) apinion death occurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady ofter death 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF TO FUNERAL Should be deto PHYSICIAN TRECTOR PHYSICIAN MPORTANT 22e ADDRESS 5454 WISCONSIN AVE CHEVY CHASE MAD 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery Removal Martinsburg, West Virginia BP 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Joseph Gawler's Sons Washington D.C. (VR A 15 (4))

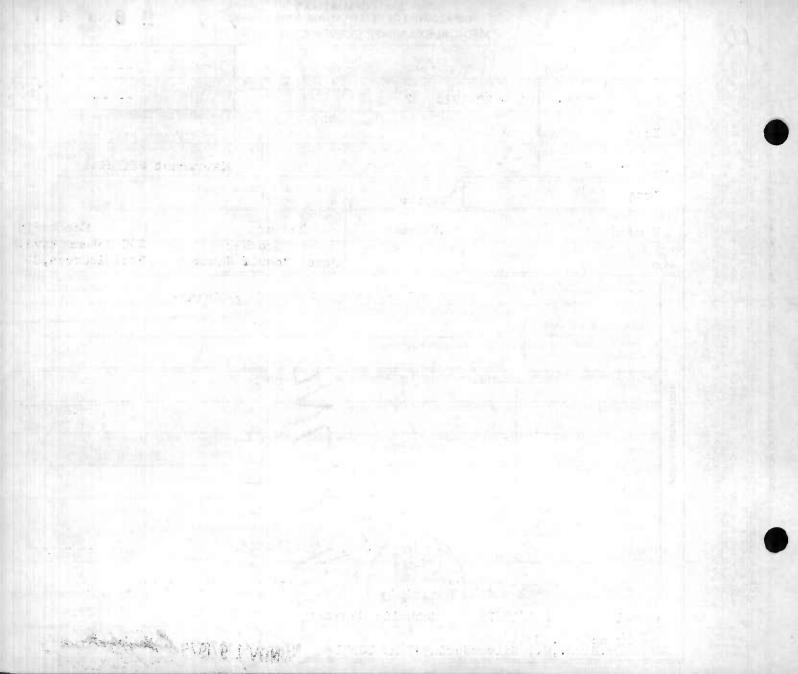
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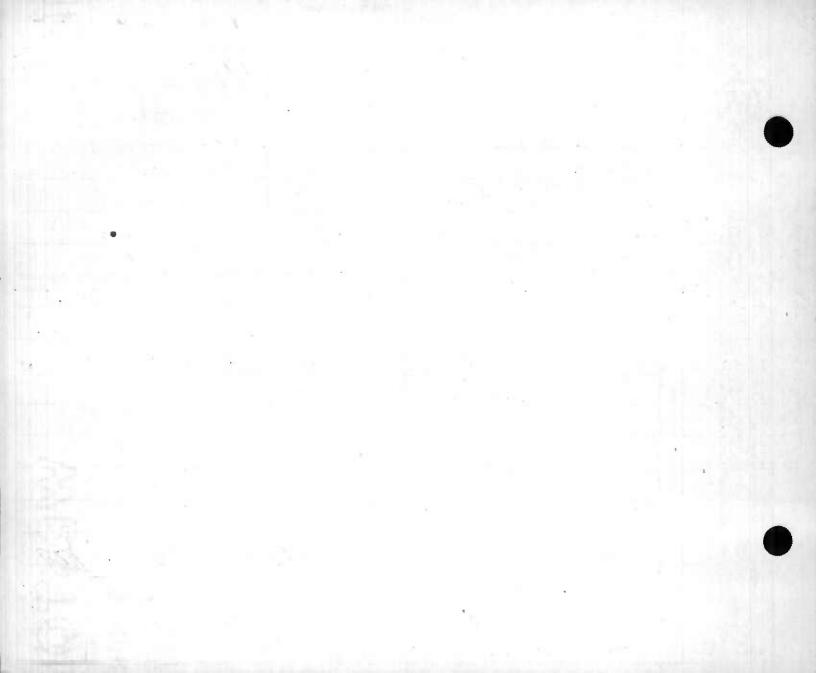
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3.	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE MONTH MIN. PRONOUNCED	DAY YEAR 24.1
L	Male	White	Sep. 2,]	1923 56 YRS.		DEAD]	1/19 19 79 P
70	BIRTHPLACE		76. CITIZEN OF WH.	AT COUNTRY? 8.	MARRIED NEVER MARRI	ED 9. BALTIMORE CITY OR COU	NTY OF DEATH
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10	. CITY OR TOWI	OF DEATH		ITAL, NURSING HOME, C	ROTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORL	OR INDUSTRY
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	SUAL RESIDENC	E (IF IN NURSING HOME !	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	134 STREET ADDRESS	
	Maryland		gomery	Silver Spri	1g YES NO	3807 Wendy Lane	
-	. FATHER'S NAA				15. MOTHER'S MAIDE	NNAME	
C	Samuel		MIDDLE	Schaerf	Esther	WIDDLE	Frohner
16	a. WAS DECEAS	ED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURITY N		ADDRESS TAT	Newton
	(YES, NO, OR UNKI	N/A	WAR OR DATES)	119-24-1539	Dr. Tully	Benaron, 9 Burnham	Rd. Mass.
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	K H W U T Y		death resulted fram: Natu	ral causes,	Accident Su	icide 🔲 , Hamic	ide 🔲 / Undet	termined manner			
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3	EXECUTE THE PAGE 4 SHOULD TO FUNERAL AFTER DEATH, BALTIMORE, M.	23a.B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY OR CREMATO	ORY 23d. LC	OCATION OR TOWN	COUN	TY STATE	
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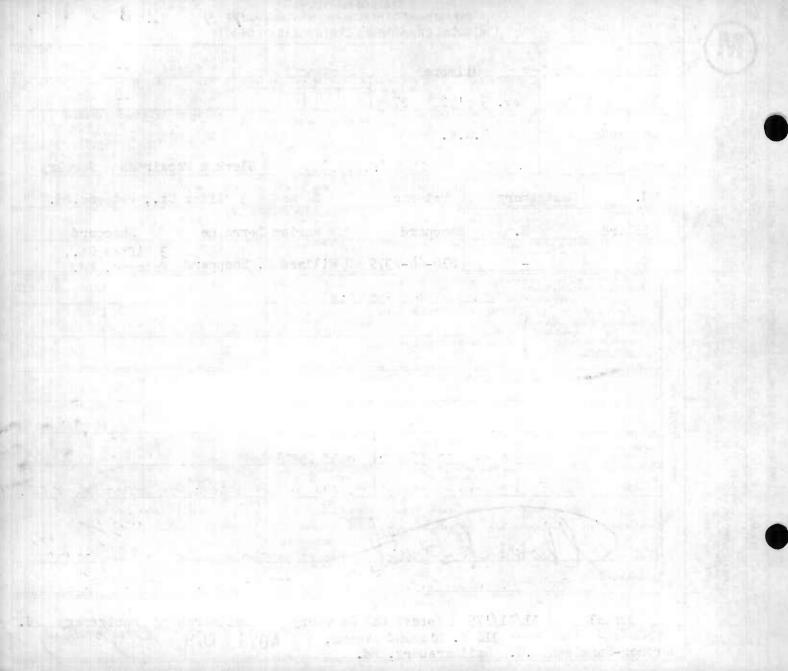
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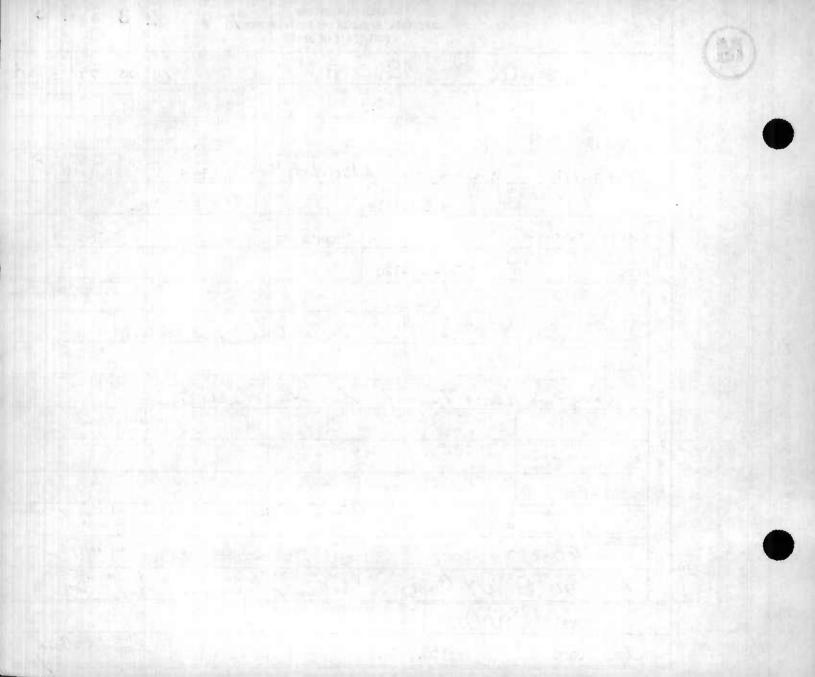
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7 a.	FOREIGN COUNTRY)		7b. CITIZEN OF W		MAI	RIED NEVER MAR	RIED LA	MORE CITY OR CO	,	
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0	Willar	D EVER IN U.S. ARM	E.	Shep		Mariam	Lerraine	S	heppard	
100.	YES, NO, OR UNKNO	OWN) (IF YES, GIVE V	VAR OR DATES)		CIAL SECURITY NO.	17. INFORMANT		ADDRESS Tif	ten Ct.,	
-	No.		•		-64-2379	Willard	E. Sheppa	rd Petem	nac Md.	
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2	EXAMINER'S	NAME Thom	as D. Sm	:+b 1	LD A	111	1 Dans Ct	D-14-	100	
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18 WAS DECEASED EVER IN U.S. ARMED FORCES 186 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 231-86-4897 Mrs. James J. Sibley (Same as About 18 CAUSE OF DEATH Enter only one couse per line for 10, 16), and (c.).	L'aline	14 F.	ATHER'S NAME			15 MOTHER'S /		ME		10	
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DEGREE By D, M Les DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECT	21 is		sow the deceased ali	ve on NOVE	mber 2319_	79 and that in (%y) (a	our) opinion	death occurred on the d	ote and ha	our and from the	couses stated
22d PHYSCIAN'S NAME (TYPE OR PRINT) 120 ADDRESS National Institutes of Healt Clinical Center, Bethesda, Md. 202 230 BURIAL CREMATION REMOVAL 123b DATE 1231 NAME OF CEMPTERY OF CREMATORY 123d LOCATION	E			toknic view the	body offer death.	DEGREE				22c DATE	BIGNED /
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National institutes of Heart Synon D. Mc Less Clinical Center, Bethesda, Md. 202 [230 BURIAL CREMATION REMOVAL 1236 DATE 1234 NAME OF CEMETERY OF CREMATORY 1236 LOCATION	Z-		22d. PHYSICIAN'S NAME	TYPE OR PRINT)						1//	TT 1 + 12-
1230 BURIAL CREMATION, REMOVAL 1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION	OK.		Bucan	1) 440	1001						
238 BONIAL, CREMATION, REMOVAL 230 DATE 231. NAME OF CEMETERY OR CREMATORY 1/30. LOCATION	IMPORT	22-	RIPLAN COEMATION FOR	1. 10					thes	da, Md	20205
Burial Nov. 25, 1979 Woodlawn Mem. Gardens Norfolk Va		230	Burial					CITY OF TOWN	. m.C	COUNTY	STATE
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should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If Item 21 is morked or Item 18 shows ony

certificate has been

FUNERAL DIRECTOR:

injury, or ather traum

STATE OF MARYLAND

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- STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH		NO.		
1. DECEASED NAME	FIRST		NIDDLE	L	AST	20 DATE OF DEATH		DAY YEAR	2h HOUR
(112307000)	MARGER	Y	DELANEY	S	MITH	NOVEMBE	R 7,	1979	1.30 PM
FEMALE	4 R	WHITE		5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST	BIRTHDAY) YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
10. BIRTHPLACE (STATE LOUIS STATE	na [J.S.A		WIDOWE		9 BALTIMORE CITY	_		MD
BETHESDA					ETHESDA, MD	120 USUAL OCCUP (IVPE OF WORK FOR MO) Housewit		12b. KIND C INDUSTRY Home	DE BUSINESS OR
USUAL RESIDENCE (IF 130 STATE GEORGIA	NURSING HOME OR OTH	ER INSTITUTION,	GIVE RESIDENCE BEFORE 13c CITY OR TOW Warner	Robi	138 INSIDE CITY LIMITS?	304 UTAH	DRIVE	310	93
Bil'1y	Walter	LE	LAST	10	15 MOTHER'S MAIDEN N Poris	AME	87 A	Dobb	
N OYES, NO OR UNKNOWN	VER IN U.S. ARMEE) (IF YES, GIVE WAI		254-80-0		MR. MICHAEL		ORESS 04UTAH		HUSBAND) I.R.,Ga
Conditions, if gove rise to couse (o), si	immediate	AUSE (0)		NCE OF	Cardiopulmon			BETWEEN	IMATE INTERVAL ONSET AND DEATH
	SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	ONDITION GIV	EN IN PART 11	01
210. ACCIDENT WAS	ERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
OR CONTRIBUTION	CAUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF II	NJURY IN ITEM 18, F	PART I OR PART 2)	
AT WORK A	T WHILE T		EET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
22a.1 certify tho sow the dec above, X) (w	t X1 (this hospital) eased alive on NO e) (did) X1X X0t) vi	BEMBER ew the body	deceased from 7	9	R 24, $_{19}$ 79 and that in (X_y) (our) opinion	, to NOVEME n death occurred on the		19.79	that (N) (we) lost couses stated

(TYPE OR PRINT)

DEGREE

MEDICAL STAFF
PHYSICIAN 22c. DATE SIGNED

CLINICAL

CENTER BETHESDA MARYLAND 20205

230 BURIAL, CREMATION, REMOVAL BUTIA1

23b. DATE Nov.9,1979

23t NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery

23d. LOCATION CITY OR TOWN Macon

Bibb Co.,

STATE Ga.

24 FUNERALDIRECTOR NAME Carson's Funeral Home F., C., Va.

REGISTRAR 25b. REGISTRAR'S SIGNATURE

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

O HOSPITAL

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

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DHMH - 16 50M 1/76 (VR A 15 (4))

FOR

REGISTRAR I DECEASED NAME

- STATE

22c DATE SIGNED GEORGIA AVE SILVER SPRING Burial STATE Meadowridge Mem Pk Elkridge Howard 24. FUNERAL DIRECTOR MacNabb Funeral Home Catonsville, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20 DATE OF DEATH

MONTH

13

79

IF UNDER 1 YEAR

INDUSTRY

Wheatley

COUNTY

Home

2h HOUR

HOURS

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Mt. Airy, BLAND DEATH

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CERTIFICATE OF DEATH

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BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

MPDRTANT # Iram 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examples must be notified at ance.

					STATI	OF MARYLAND			10 15		1 F	
	1.	FOR STATE		DEPARTA		EALTH AND MENT		ENE/ 9	2 0	2	2 4	
	- 1	REGISTRAR			CERTIF	ICATE OF DEAT	Н	REG. NO	0.			
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4	14 E A	THER'S NAME	1			15. MOTHER'S MAIL			oc bere	cc, N	• 40 •	
1	I TA	Bryant Whitfi	e'l'd	LAST		Virg	ginia	Foushee		ŧA:	51	
+	16a W	AS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS			
3	()		E WAR OR DATES)	Unk.			T.	McCauley/da	aughter			
ı		18. CAUSE OF DEATH (Enter or	nly one couse per li	ne for (a). (b), on	d (c				7	BETWEEN	MATE INTERVAL	ATH
-1		PART I. DEATH WAS CAUSE	ED BY:	A.VA						13	nediati	
		IMMEDIA	TE CAUSE (o)	0/11	-					111011	nauce	_
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П	51	underlying couse lost	((c)									
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO L	DEATH BUT	NOT RELATED TO TH	HE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	01	
1	CERTIFICATION	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED)	20a. AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED	
4	FIC										OF DEATH?	
	RTI	William Saham		4 - 1-1-1-1				YES NO	YES		ио 🗌	
1	U	21a. ACCIDENT WAS UNDERLYING			AV VEAD	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAR	T 1 OR PART 2)		
	TA .	OR CONTRIBUTING CAUSE OF DE	AIN .	MONTH DA		THE REAL PROPERTY.						
	ICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER			19	211 LOCATION						
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME, STREE	ET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOV	VN	COUNTY	STATE	
I		22a. I certify that (I) (this hasp	utal) attended the	deceased from 2	march	17 10	79	10 "/log". 60	10	0 79	that (I) (last
		sow the deceased alive or above, (1)	11/6/	1	400	nd that in (my) (our)	opinion d	eoth occurred on the de	ote and hour			
1		11h SKIN NEWY	9	4		DEGREE	27.50			7h: DATE	SIGNED	
		Myro	nosi	Der	Ka	ATTEN PHYSI		MEDICAL STAL			SSV511 1	
		224 PHYSICIAN PHAME (THE	De Permit	1	(AVID)	11s. ADDRESS						
	23a E	BURIAL, CREMATION, REMOVAI	L 23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION		OUNTY	STATE	-
	(Burial	11-21-	-79	Linco	oln Memori	al	Suitlan	nd.	Md.	SIAIE	
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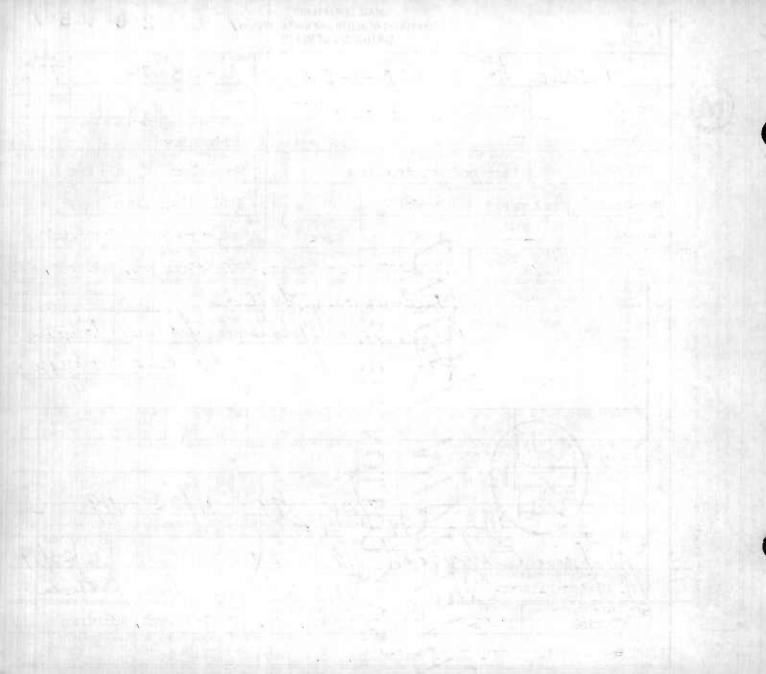
- STATE

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

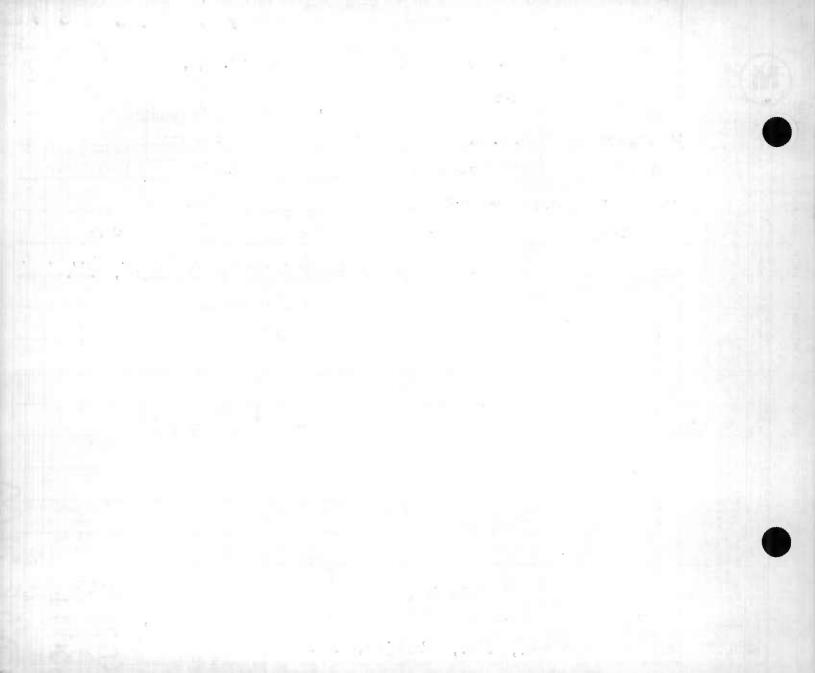


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(101)	(TYPE OR PRINT)	John		Α.	Tra	uth, Jr.		OF ESTI-	- 11 -	75 . 79	950
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NECESSAL FUNCESSAL FUNCESSAL FOR YOU W. PRESTO			USA		WIDOW	ED DIVOR	CED 🗆	Montg	omery		MD.
ED. SEE	10 CITY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	12a USUAL	OCCUPATION (T	PE OF WORK 12	OR INDUST	SINESS
OO SEE SOO	Poolesv	i11e	16321	Morrow I			Swimm	ing Poo	Acct	Self	
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S ASSIGNA	13a. STATE	136. COUN	TY	Poolesvi	310	13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS 1 Morro	w Dr		
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- 4 x 2 3 3 4.	John		Α.	Trauth,		Kathe	erine			aven	
N N N N N N N N N N N N N N N N N N N	160. WAS DECEAS	ED EVER IN U.S. ARA		166. SOCIAL SECURI	ITY NO.	17. INFORMANT		ADDRES			
GOUTS AFTER DEATH. IF ANY DELAY IS NEC. 18. GIVE PAGES 1, 2. AND 3 TO THE FUN. G. WITH FORMAD. 3. RETAIN PAGES 5. ANT. PAGES 1 & NO. E. DIVISION OFWITAL RECORDS, 301 W. P. C. DIVISION OFWITAL RECORDS.	Yes	WW	II	438-05-8	3819	Dorothy	7 I. T	rauth	Samo	e asl3	
BAI DIVIS DIVI	18 CAUSE	OF DEATH (Enter an	y ane cause per lin	e far (a), (b), and (c).)						APPROXIMATE BETWEEN ONSET	INTERVAL
ESTON ST., I HIN 24 HOU IN ITEM 18, IST PERMIT. HYGIENE, D	PARTIC	EATH WAS CAUSED	BY:	CAPONICO	4 II	soffici	פחבין	ACUTE -		BET WEET ONSE	ALL DEATH
ON ITEM TEA TOP PER GIER	49	IMMEDIAI	E CAUSE (a)	R AS A CONSEQUENCE	OF		-		7.		TO LET
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AL RECORD HOULD BE EXTENDING HIEF MEDIC USED AS A OF HEALTH IL, CREMATIK	TO DATE OF THE PROPERTY IN CONTRIBUTION OF THE PROPERTY IN CON	OF OPERATION	196. COND	ITION FOR WHICH OPE	RATION W	AS PERFORMED?				20. AUTOPSY	1
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NO THE THE	UNDERLYIN	IG OR		M. MONTH DAY YEA	A.F.						
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AINE SE FO THE AND,	death resu	ilted fram: Natur	ral causes X,	Accident,	ovicide	, Hamicide	· Undeterm	ined manner			
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TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNETHE TO FUNETHE BALTER DEATH. BALTIMORE. M.			73b. DATE	23c. NAME OF C	EMETERY C	R CREMATORY	23d. LOCA	TION	COUNTY		TATE
A E DA	(StECIFY)		ov. 29.19	and the same of th						MA	ATE
Dr	24. FUNERAL DIR	ECTOR Rohe	rt A D	979 Ft. umphrey F	LINA	oin Cem	REC'D. BY RE	GISTRAR 25b. RE	UIDLMAR JOIN	Nature	
DHMH - 17 (VR A15 ME (5))	NAMEHOT	mes, P.A	ADDRES	ckville,	Ma	al		1979	perforg.	McBu	ally
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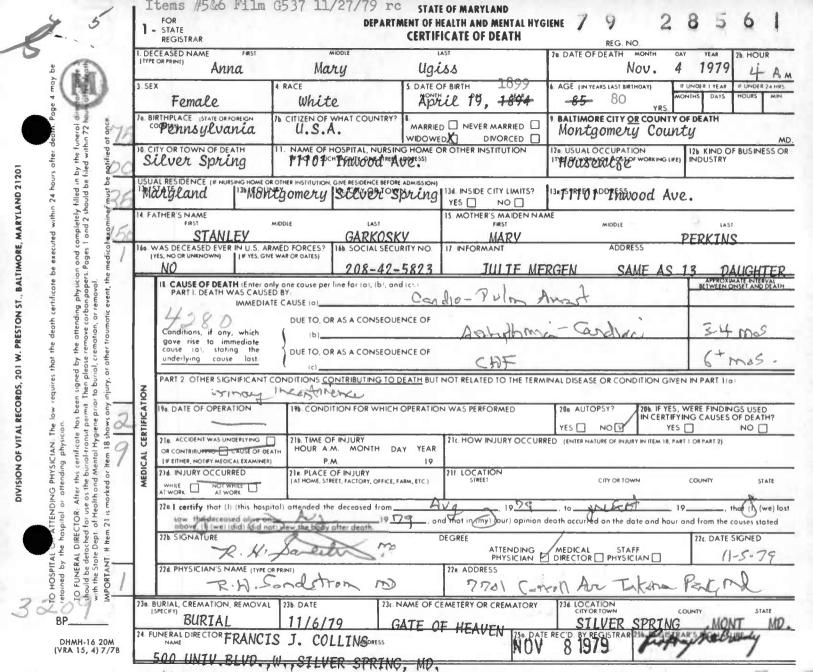
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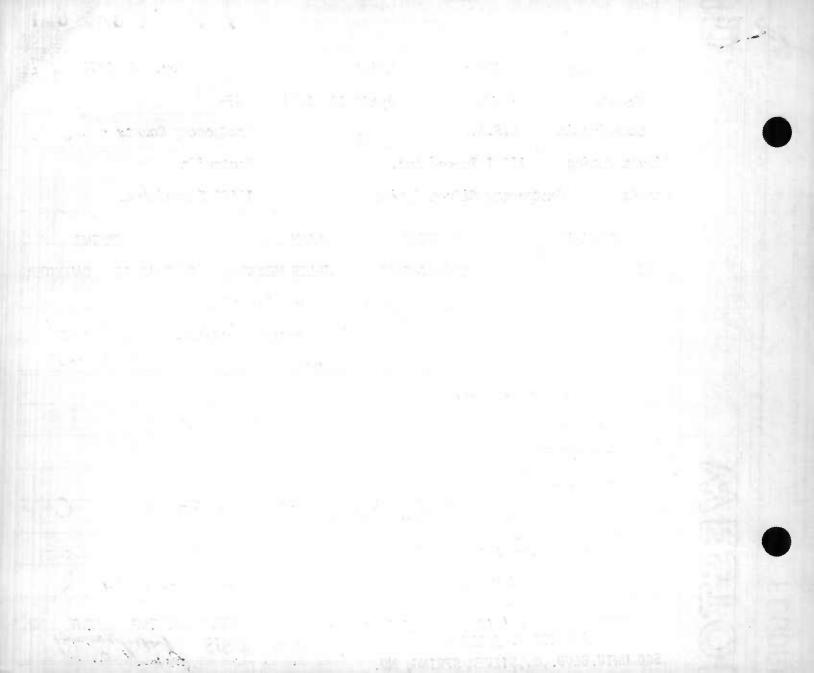
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME MIDDLE 2ª DATE OF DEATH 26. HOUR (TYPE OR PRINT) CATHARINE HUGHES TUNNEY NOV. 1979 IF UNDER 24 HRS 1 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR Female White MONTHS DAYS HOURS 25, 1896 83 June To. BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Pennsylvania WIDOWEDXX DIVORCED | Montgomery 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 5101 River Road Bethesda Housewife own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 113c CITY OR TOWN 134. INSIDE CITY LIMITS? 13e STREET ADDRESS 5101 River Road Montgomery Bethesda YES T NO I Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Patrick Hughes Keller Anna ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 5900 Conn. Ave., N. W. 184-44-2759 Catharine Nicolaides Washington APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF 66401 Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX NO I 218 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE November 11 27e I certify that (1) (this-hospital) attended the deceased from. sow the deceased alive on 1100 in for 16 and that in (my) (over) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236. DATE Burial 11-21-79 Holy Sepulchre Cemetery Philadelphia, Pennsylvania 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 5130 Wisconsin Ave., N. W., Washing Washington, D. C.

DHMH-16 20M (VRA 15, 4) 7/7B



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0	1.	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HY	GIENE P	2	8 3	Ó	2
		CEASED NAME	FIRST	MINA	WIDDLE		AST	20 DATE OF DEATH	момтн	DAY YE	AR :	26 HOUR
1	(1176	Но	ward	· ·	Joseph	Un	derwood		11	23 7	9	5:30A
	3. SE.	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1		IF UNDER 24 HRS
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		RTHPLACE (STATE OR	FORFIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY		TY OF DEAT	ГН	
5		nnsylvani		USA		WIDOWE		Montgon				WE
9	10 C	Olney	AIH				osp., Olney	120 USUAL OCCUPAT	ION OF WORKING	LIFE) INDUS		BUSINESS OR
è	13a S	AL RESIDENCE (IF NU STATE Uland	136 COUN	OTHER INSTITUTION NTY	130 CITY OR TO	WN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	ill.	Road		
N O		THER'S NAME FIRST Richard		MIDDLE	LAST		15 MOTHER'S MAIDEN NA FIRST Maru				LAST	CORMIC
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	CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MED			.M. MONTH	DAY TEAR						
	MEDICAL	21d INJURY OCCU			OF INJURY	F FARM FTC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	Y	STATE
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		22a I certify that (l) (this hespi	al) attended th	ne deceased fram		ember 22-1979	, to Nove	nber Z	3 19 79	, th	iat (I) (wa) last
		sow the deced above, (1) (we)	sed alive on	t) view the body	ofter death.	79 . 01	nd that in (my) (our) opinion	death accurred on the d	ote and h	our and from	n the co	suses stated
		226. SIGNATURE	12		,		DEGREE				DATE SI	
		/	da	-	leve	1	7 . D . ATTENDING	MEDICAL STA	CIAN [11/2	3/79
		22d. PHYSICIARS N	,				22e. ADDRESS					- 13
		Dr. Ba	rry I	. Heck	nt 1062	U Ga.	Ave., Silv	er Spring	, Mc	1. 20	906)
	23a E	SURIAL, CREMATION	, REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY		STATE
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500 University Blvd. W. Silver Spring. Md.

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) Washington Unglesbee Clarence 13 79 12:30AI 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR MONTHS DAYS white Male 89 1890 Jan. 27. 70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED USA Md. Montgomery WIDOWED X DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Farming Farmer Olney Montgomery General Hospital JSUAL RESIDENCE, LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 18200 Hillcrest Ave. 13g STATE Mont. 13. Olyopiown 13d INSIDE CITY LIMITS? Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Unglesbee Ida. FIRKate Fox LAST Lewis ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Wheaton, Md. C. Lewis Unglesbee 579-16-3365 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Canditions, if any, which couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF last underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 😿 NOF YES [NO F 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE

22a. I certify that (1) (this haspital) attended the deceased from.

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

22c. DATE SIGNED

22d. PHYSICIAN'S

22b. SIGNATURE

COME OF PROUNT

22e. ADDRESS

DEGREE

ATTENDING Olney, Md.

STAFF PHYSICIAN DIRECTOR PHYSICIAN

11-13,1979

23a BURIAL, CREMATION, REMOVAL Burial

sow the deceased alive an abave, (1) (we) old) (did not) view the body after death

Nov. 16, 1979

23c NAME OF CEMETERY OR CREMATORY Mt. Carmel

23d. LOCATION

MEDICAL

24 FUNERAL DIRECTOR

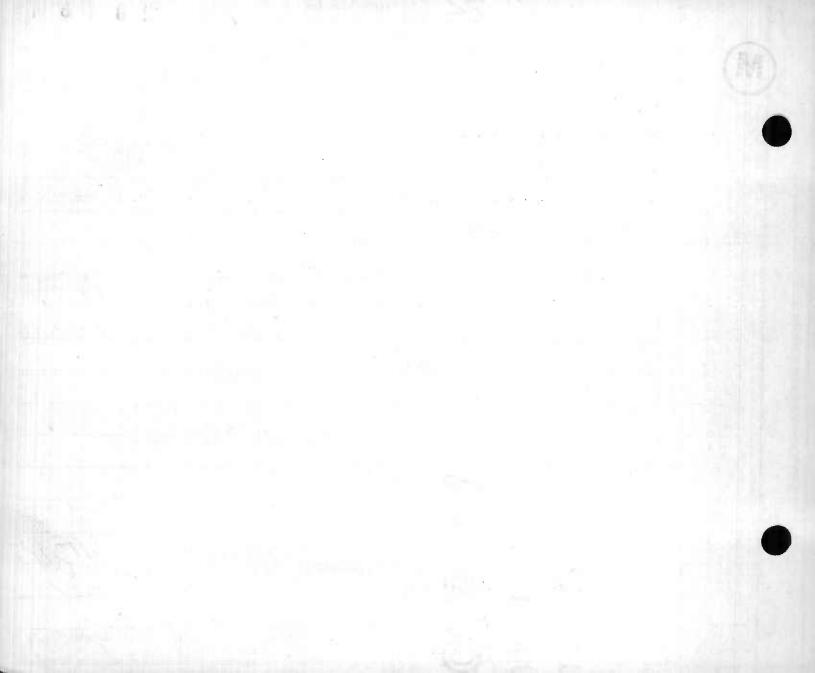
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MPORTANT

Laytonsville, Md. 20760 Francis H. Barber

Sunshine Mont . Md. REGISTRAR 256. REGISTRARS SIGNATURE

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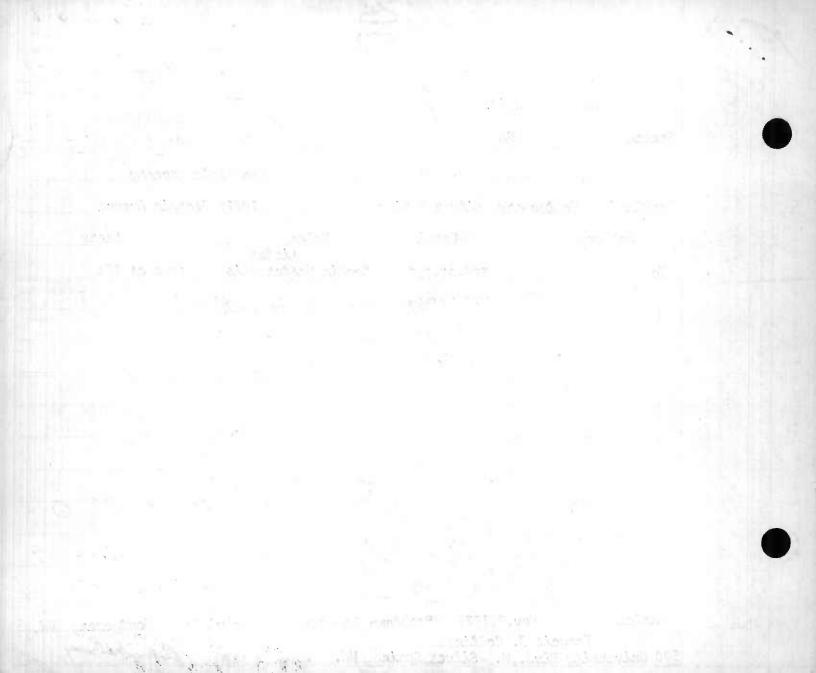
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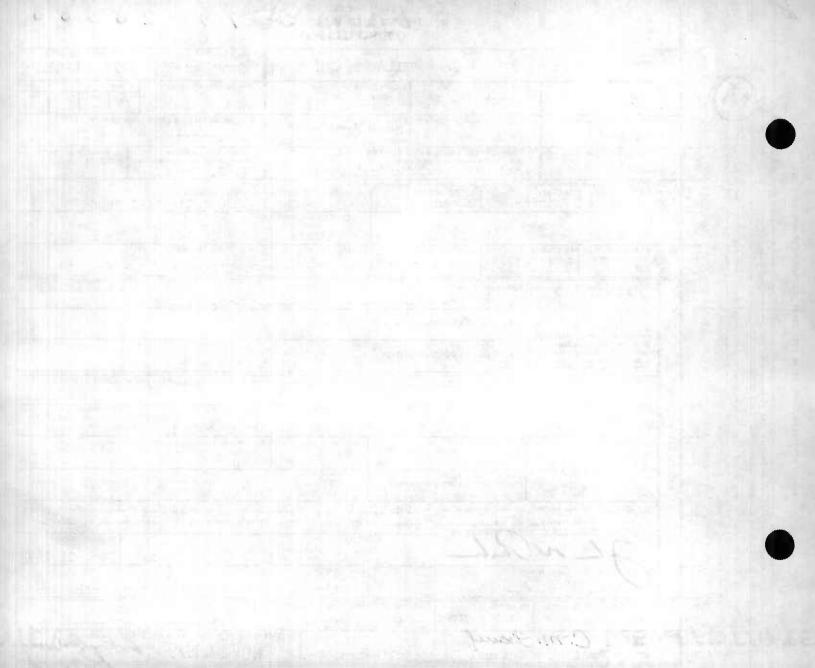
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

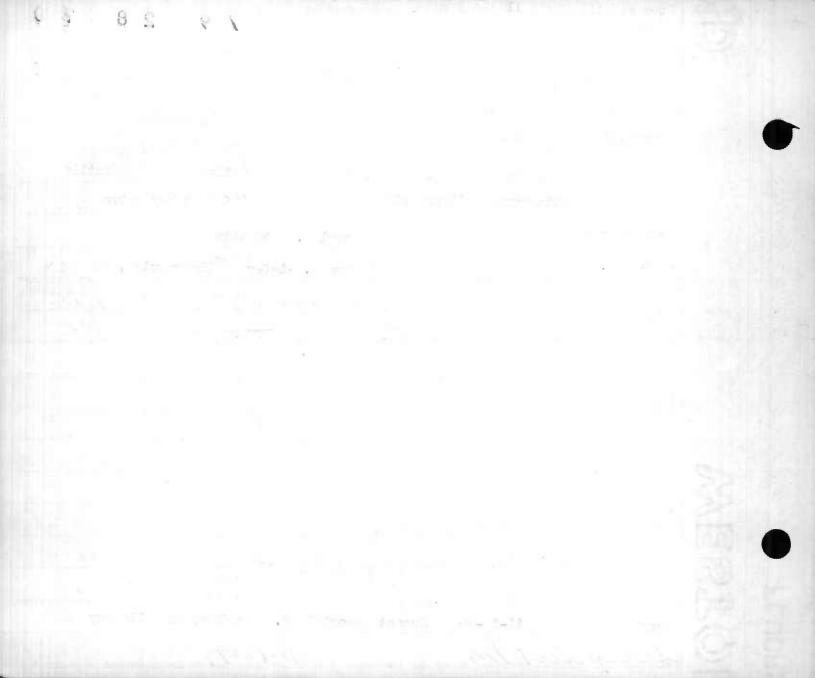
FOR

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AND 21%	5 i		SSEMMIA 132116	erspring	1.0	13. 12503 Bus	shey Drive
ond 2 si		FATHER'S NAME John Wagner	MIDDLE LA	AST	Pearl V. She	nholtz MIDDLE	LAST
imone con n and co	160	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIA	AL SECURITY NO.	Anna B. Kief	Wagner Silver	rspring, MD Wife
WHESTON ST., BALI		RECAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR AS A COM	NSEQUENCE OF	Reart .	Nation: Liseane	APPROXIMATE PATERVAL BETWEEN ONSET AND DEATH Z KIK
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Add celoined should be switched to My the switch the sw		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL FUNERAL DIRECTOR	236. DATE 11-15-79	23c. NAME OF CE	METERY OR CREMATORY Memorial Pk.	Cúmberlan	
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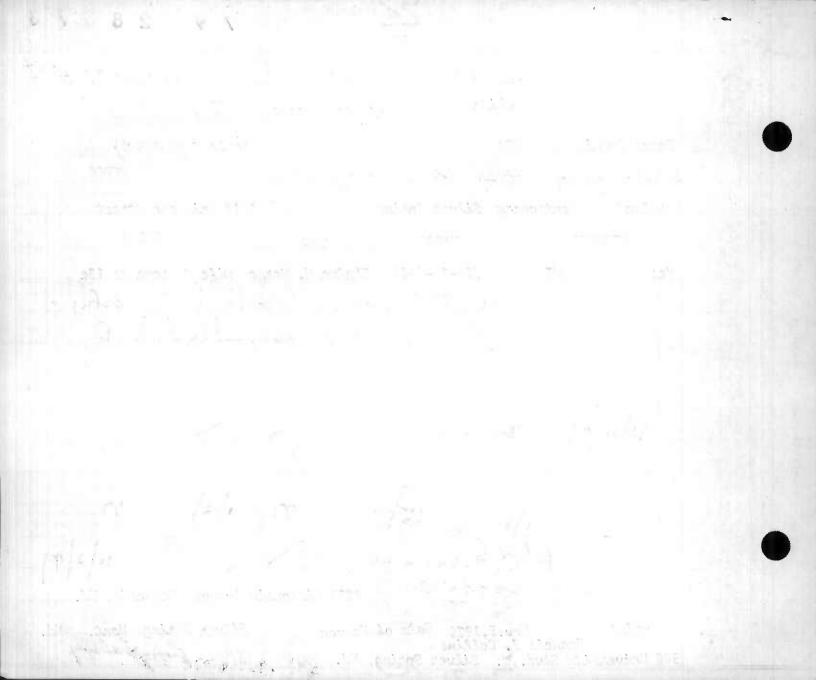
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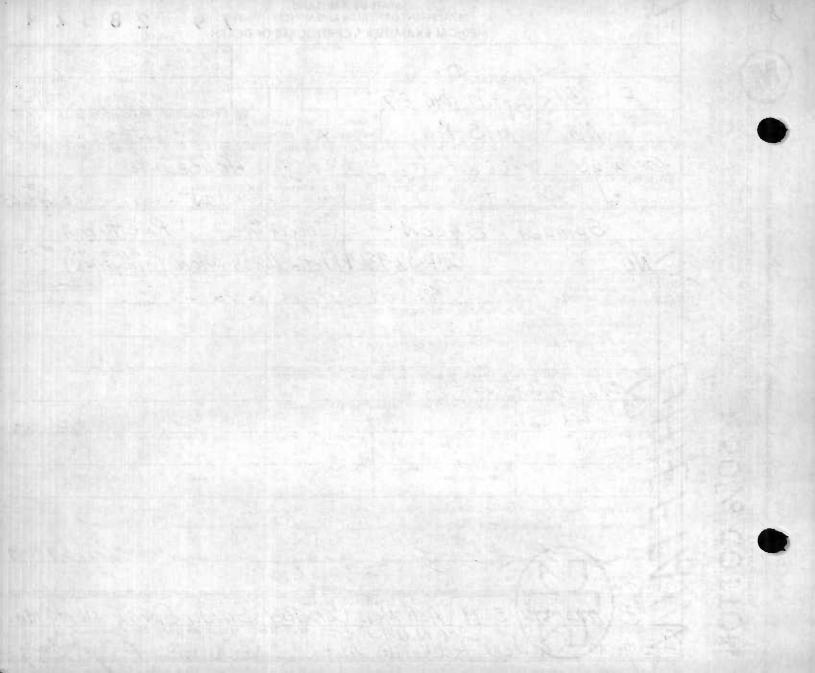
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE KNOWN X MONTH DAY 2b. HOUR (TYPE OR PRINT) KWANG WANG 9:49p DEATH MATED 3. SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 6. AGE (IN YEARS DATE 2d. HOUR 2/28/05 74 PRONOUNCED 9:47p Male Or DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED China China Montgomery County WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AVIATION Suburban Hospital Bethesda USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Montgy 13d INSIDE CITY LIMITS? 1616 Torbes Road, 20852 NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lin MIDDLE Shir Wang Lee Chang 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO Ching Chun Lao Rockville, YES NO, OR UNKNOWN) None CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH y Insufficiency Acute. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which Tritton gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a aprilaptie 3215003-CVA old CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? TO BURIAL YES AGE 3 SHOULD BE ATE DEPARTMENT OF BE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy ond in my apinion death resulted from Homicide Undetermined monner TITLE (SPECIFY) AGE 4 SHOUL D FUNERAL DI FTER DEATH, V ACTUAL MEDICAL EXAMINER 7936 Old Georgetown Rd, Bethesda, Md. EXAMINER'S NAME John G. Ball (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Nov 9.1979 Cedar Hill Crematory MaryTand Sufffand Pour Cremation BP 24. FUNERAL DIRECTOR Chambers 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 7/77

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8	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENF 9 2	3 5 7 4
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
'3' S' E'	DECEASED NAME FIRST MIDDLE LAST TO DATE KNOWN MONITOR OF ESTI- Lucy Washington DEATH MATED NOV	70 70 9:55
A 3. RETAIN PAGE 5 FOR YOUR FILES. 2 SHOULD BE FILED, WITHIN 72 HOURS I'AL RECORDS, 301 W. PRESION STREET.	Lucy Washington DEATH MATED NOV SEX 4. RACE S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN. PRONOUNCED DEAD DEATH MATED NOV NOVI MONTHS DAYS HOURS MIN. PRONOUNCED DEAD DEAD DEAD NOVI MONTHS DAYS HOURS MIN. PRONOUNCED DEAD DEAD DEAD NOVI MONTHS DAYS HOURS MIN. PRONOUNCED DEAD DEAD DEAD NOVI MONTHS DAYS HOURS MIN. PRONOUNCED DEAD DEAD DEATH MATED NOVI MONTHS DAYS HOURS MIN. PRONOUNCED DEAD DEAD NOVI MONTHS DAYS HOURS MIN. PRONOUNCED DEAD DEAD MONTHS DAYS HOURS MIN. PRONOUNCED MONTHS DAYS HOURS MIN. PRONOUNCED MONTHS DAYS HOURS MIN. PRONOUNCED DEAD MONTHS DAYS HOURS MIN. PRONOUNCED MONTHS DAYS MIN. PRONOUNCED MONTHS DAYS MIN. PRONOUNCED MONTHS D	DAY YEAR 2d HOUR
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Z CORDS	JSUAL RESIDENCE (IF IN AURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 137. CUTY OR TOWN 138. STREET ADDRESS YES NO 2 472	in Ave A#IX
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ENE, DIV	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ACM te My 6 22 this 10/3	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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E DEPARTMENT OF PRIOR TO BURIAL,		
01 PRIOR	214. INJURY OCCURRED 210. PLACE OF INJURY (ATHOME, 211) LOCATION	COUNTY STATE
THE STA	22a Certify that took charge of the remains described above, held on Autopsy , Inspection Inquiry , and in my death resulted from: Natural couses Accident , Suicide , Hamicide , Undetermined manner ,	opinion
L DIRECTOR: PAGE 3 SH H, WITH THE STATE DEPA MARYLAND, 21201 PRIOR	ACTUAL COPECIFY) DAT	
PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTMORE, MARYLAND, 21201 PRI	EXAMINER'S NAME (TYPE OF PRINT) ADDRESS	NEO E D. P. C.
AFTE BALT	30. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY. 236 LOCATION	ounty lo nta Nd
H - 17 ME (5))	FUNERAL DIRECTOR Showden Rocky, 11e, md. DECA 1979	SIGNATURE



Washington, D. C.

STATE OF MARYLAND

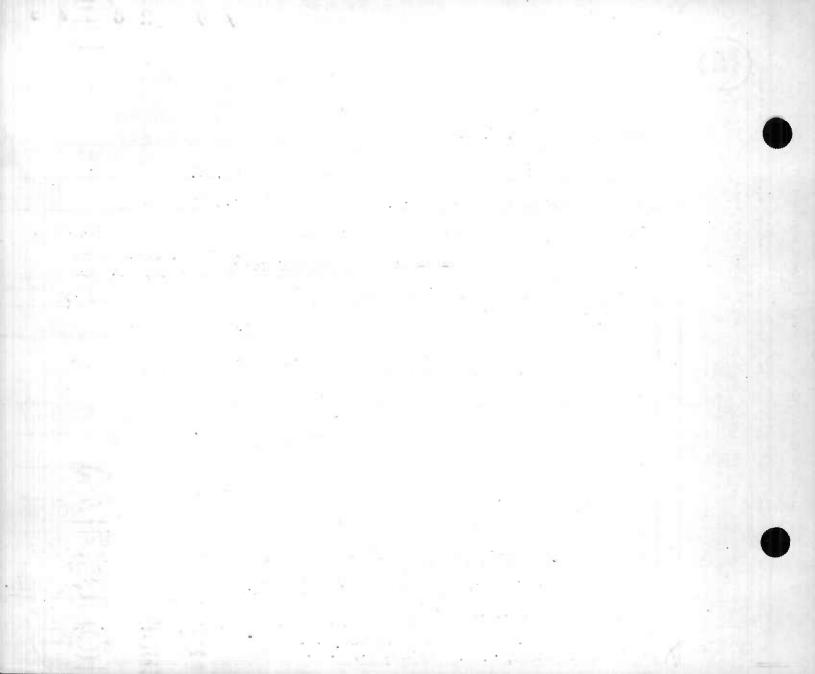
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4) 7/7B

232 Carroll Street. N. W.



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_	by the fune filed within		ity or town of DE Chevy Chas		Beth. Re	OSPITAL, NURSIN H FACILITY, GIVE STREET CLIPEMENT	G HOME C	rother Institution	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Chemist	WORKING LIFE)	INDUSTRY	F BUSINESS OR Standar
MARYLAND 21201	rely filled in b 2 shauld be fi	USU 130.	AL RESIDENCE IN NUR STATE Chevy Chase	134 COU	rother institution,	GIVE RESIDENCE BEFORE	N	134 INSIDE CITY LIMITS?	8700 Jones	Mill	Rd.	S. L.
AARYLAI	completely 1 and 2 sha	14. F	ATHER'S NAME David		MIDDLE	LAST Weav	er	15. MOTHER'S MAIDEN N FIRST Melinda	AME MIDDLE		Rupel	
BALTIMORE, A	e execute n and cor Pages 1	160	WAS DECEASED EVER YES NO OR UNKNOWN) NO		RMED FORCES? /E WAR OR DATES)	220-46-C		17. INFORMANT Mrs. Gertrud	ADDRE le S. Augusti			wa re St.
	ng physiciar banpapers. remaval.		18. CAUSE OF DEAT PART 1. DEATH V		TE CAUSE (0)	00	al	failure			BETWEEN	MATE INTERVAL ONSET AND DEATH
301 W. PRESTON ST.,	e death c e attendir mave carl nation, ar traumati		Conditions, if any gove rise to im	mediate	(b)	R AS A CONSECUE	one	Vijelone	phintes		1-	year
01 W.P	that the d by the lease re-ial, crem		couse (a), stati underlying cous	e lost.	(c)	r as a consequi						
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IL RECO	on. bos bee permit. permit. ows ony	CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	200 IF YES, V UN CERTIFYI YES	NG CAUSES	OF DEATH?
DIVISION OF VITAL RECORDS,	HYSICIAN: The law reding physician. is certificate has been burial-transit permit. Mental Hygiene prior them 18 shaws any in them 18 shaws any in the 18 shaws and in the 18 shaws any in the 18 shaws and in	100	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DE	EATH HOUR A.	M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	T (OR PART 2)	
NOISI		MEDICAL	21d. INJURY OCCUP		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, I	1/10	211. LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
No	al or atten OR: After th Use as the Health and is morked		22a.1 certify that () (this hosp	pital) ottended the	e deceased from	None	en kee 3 19 To	denth occurred on the de			that (I) (we) l ast

C.C. Md. GIVEN IN PART 1(0) La YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES [NO [M 18, PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an and that in (my) (my) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED THE SIGNATED BY ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN CTAN'S NAME (TYPE OF PRINT Te ADDRESS 23d LOCATION Cremation, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE STATE Suitland, Md. Hill Crematory Cedar

DHMH - 16 25M (VR A 15 (4)) 9/74

O FUNERAL DIRECTOR:

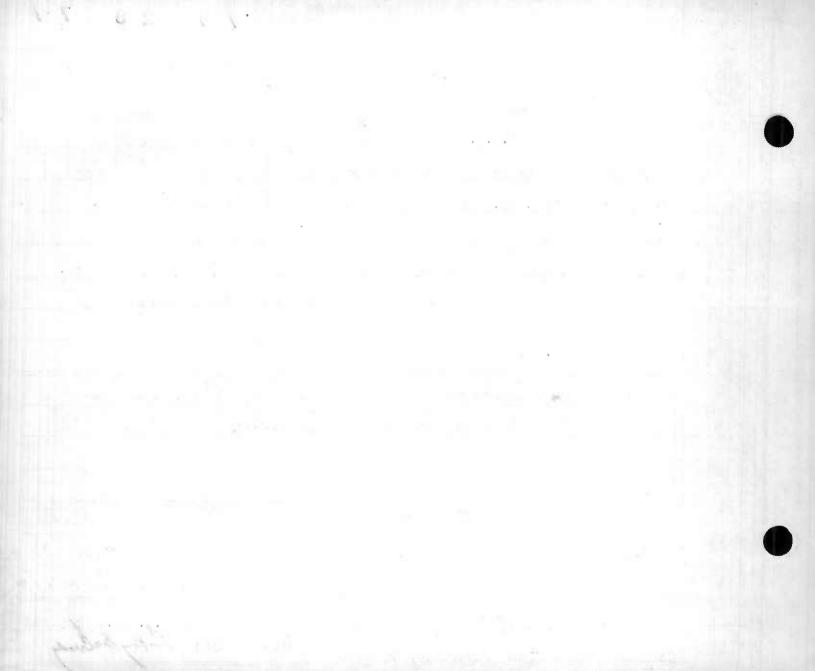
APORTANT:

14 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.
5130 Wisc. Ave. N.W. Wash., D.C.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR S.SIGNATURE

B. of Standards

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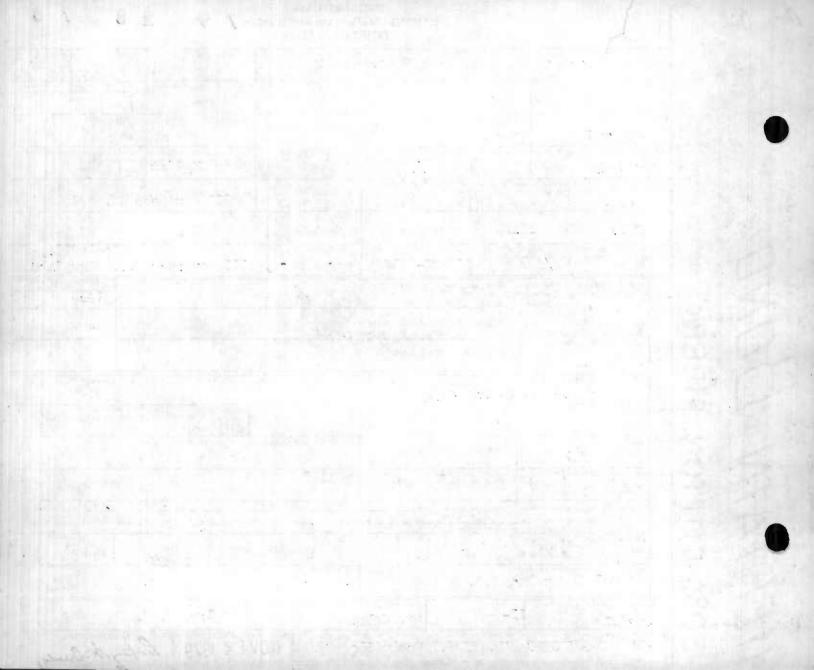


FOR

(VRA 15(4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Arlington, Va.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

Arlington Funeral Home

DHMH-16 25M

(VRA 15, 4) 1/79

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

2b. HOUR

12h. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO T

STATE

IF UNDER 24 HRS

19 1979

IF UNDER I YEAR

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206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

22¢ DATE SIGNED

Nov. 20, 1979

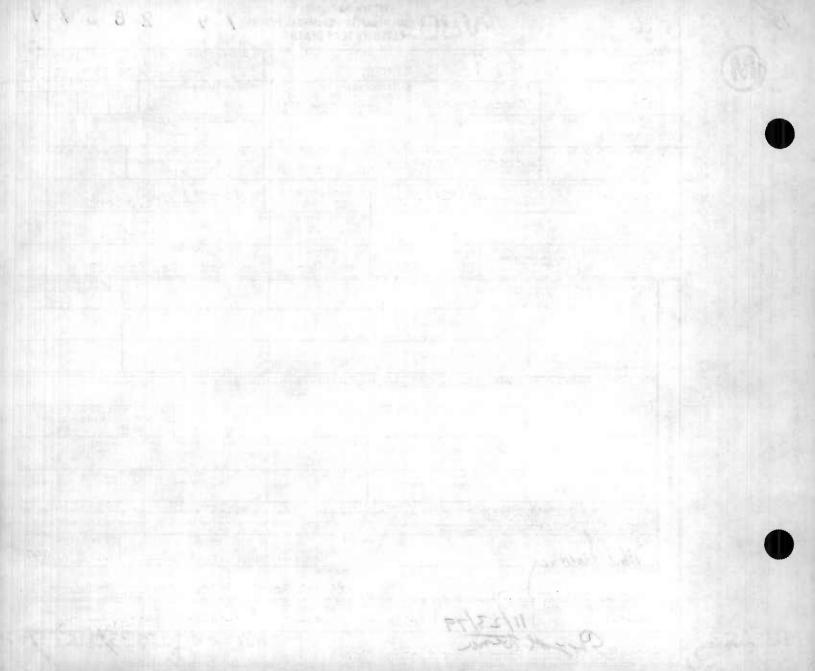
YES T

REGISHAR ASB. REGISTRAR'S SUSNATURE

Marlar

See item 13

CERTIFICATE OF DEATH



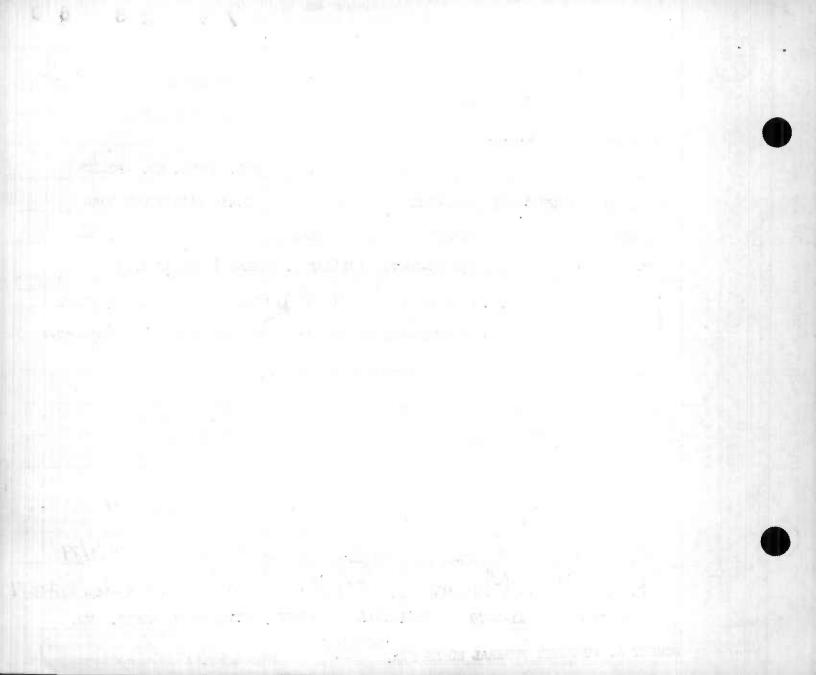
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/7B

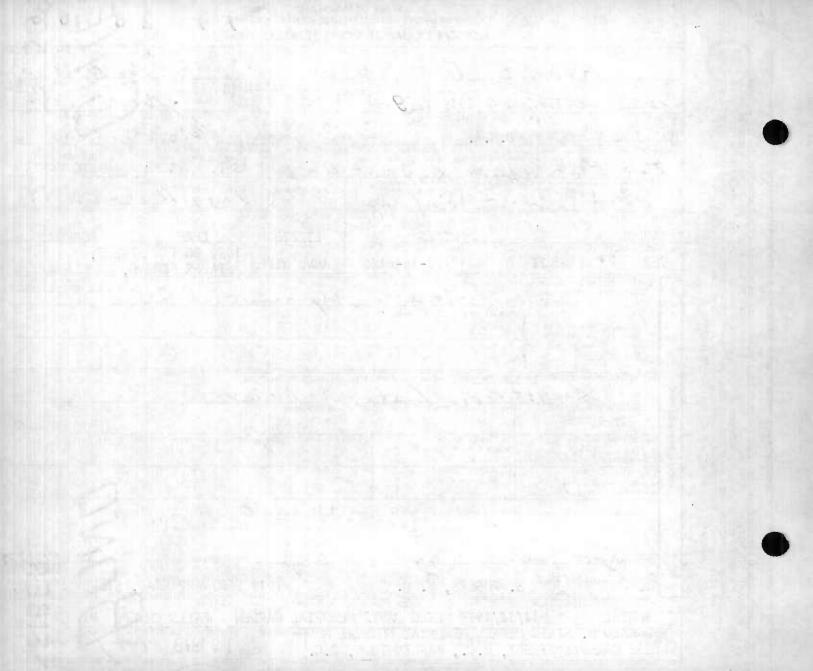


STATE OF MARYLAND

Tradomin Fards Service Committee Com Manufand Pr. Cen. Hartisville 1972 Chillie Manch Pond noblest. Jane Jane daghter 213-56-2514 deAlve Wesless same as 18e man fictions fourth the entire server server the the

W. Hill Mr. and Lucy S. r. the mayou d get in and skink Inch. that I we will be the Conception of the Content of the Con yada wheelst kur of toos, inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN DOMONIH TYPE OR PRINT OF ESTI-AGE IN YEARS DATE PRONOUNCED To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY NEW JERSEY DIVORCED WIDOWED ASST. MANAGER AUTO PARTS 3a. STATE T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST SAMUEL WIDES IFAH BORKON 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 1059 RUATANSSTREET. 142-10-6125 STIVER SPRING MARYLAND CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20 AUTOPSY? YES [] 216. TIME OF INJURY 216, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH II. LOCATION 21e PLACE OF INJURY LATHOME STREET STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Suicide Homicide Undetermined monner death resulted fram: Natural causes Accident TITLE (SPECIFY) JOHN S. ROGERS. M. D. 11/18/1979 KING DAVID MEMORIAL FALLS CHURCH VIRGINIA 24. FUNDONALOOM. STEIN HEBREW MEMORIAL FUNERAL HOMESOLDATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** 232 CARROLL STREET, N.W., WASHINGTO N, D.C. (VR A15 ME (5)) 15M 7/76



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injury, or other trou

ws any

is marked ar Item 18 shar

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE / 9 2 (3 5 8 5
A	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH DI	
4.9	Jame		Wines		1979 6:20am
-	3. SEX	4 RACE	5 DATE OF BIRTH	a riou (milerano bior bantionity)	ONTHS DAYS HOURS MIN
urs of	Male	Caucasian	Nov. 27 1894	8h yrs	
D 0 5	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
nero	Virginia	U.S.A.	WIDOWED DIVORCED	Montgomery	MD.
the state	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
by the funeral of filed within 72 h	Olney	Montgomery Ge	meral Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE)	Farmer
smpletely filled in and 2 shauld be t example filled in	USUAL RESIDENCE (IF NURSING HOM) 130 STATE 130 FA		N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS Box 5	
229	14 FATHER'S NAME FIRST William	Masters Wines	15 MOTHER'S MAIDEN NA FIRST Mary		LAST Brady
8 5	160 WAS DECEASED EVER IN U.S.				Summit Ave.
The The	Ne Ne (YES, NO OR	= 223-36-3			ersburg, Md.
ewaval.	PART I. DEATH WAS CAU	anly ane cause per line far (a), (b), and (SED BY) IATE CAUSE (a)	Felmah		BETWEEN ONSET AND DEATH 21 House
n, ar r matic	1519	DUE TO, OR AS A CONSEQUE	NGE OF 12 POUR TANK	A	H Allaha I

Milliam . Conditions, if pny, which to immediate , stating the CARCINOMA FROM STONACH couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a.1 certify that (1) (the base of) attended the deceased from saw the deceased plive on, and that in (my (Dur) opinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

Burial Nov. 14. 179 Leed's Cemetery 24 FUNERAL DIRECTOR 316 .s.E. Diamond Ave. Gartner-Sandison F. H.

23b. DATE

DR. PASQUAL PERRIND

23d. LOCATION Hume Faguier

Gaithersburg. Md.

23c. NAME OF CEMETERY OR CREMATORY

april 1. I nemou Fovencer 11, 1079 5:20s CAROLINA IN CALABORA . The district of the contract of part of the contract of the 20 345 1 721 5 124 Constants Course Individual International ranti, ir danis mair geroesa a'esal b'i,if.war li fate Bill I. L'adanti Ve. II avaltanti I. I alf.

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11800 New Hampshire Ave., Silver Spring, Md.

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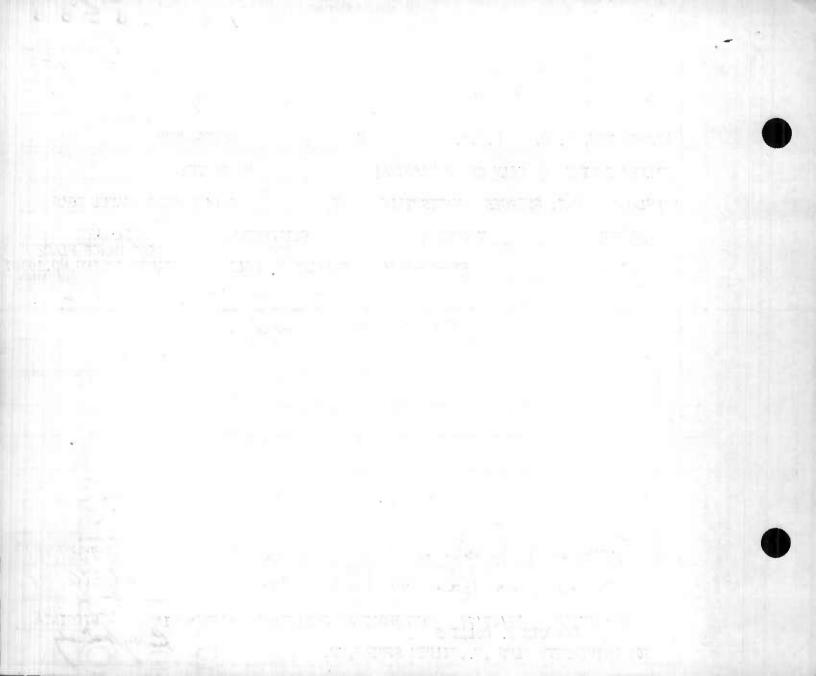
STATE OF MARYLAND

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TOOI TANY SANY SECOND PRECOND	130. 5	AL RESIDENCE STATE ARYLAND	136. COUN		13c. CITY OR TOWN GAITHERSBU	13d INSIDE	CITY LIMITS? 13. S	TREET, ADDRESS 9034 CANA	ADIAN C	COURT			
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, BALTIMORE, MD DURS AFTER DEATH 18. GIVE PAGES 1, WITH FORM PM IT PAGES 1 AND 2	17	WAS DECEASED (ES, NO, OR UNKNO YES	EVER IN U.S. AR.	MED FORCES? WAR OR DATES) TNAM-USMC	230-54-529		RON M. WI		DDRESS E AS 13	Be)			
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TAL RECORDS, 301 HOULD BE EXECUTE RD "PENDING" IN P CHEF MEDICAL EX E USED AS A BURIAL FUNCH AND MI AL, CREMATION, OR	MEDICAL CERTIFICATION		(c)						2D A	NUTOPSY?			
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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 217		220. I certification of the control	L .	ge of the remains described to the causes , , , , , , , , , , , , , , , , , ,	cribed above, held an Accident , Sui	tide XX Ham	SPECIFY)	Inquiry letermined manne	, <u> </u>	ay opinion ATE GNED	11/28	3/79	
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080b/-	(BURIAL		11-30-79	HOLLY ME	ETERY OR CREMAT	S CH	LOCATION ITY OR TOWN LARLOTTES			RGINI		
DHMH - 17 (VR A15 ME (5)) 30M 7/73		BERT A.		y funeral	HOMES P/A	MD.	250. DATE REC'D.	BY REGISTRAR 2	56. REGISTRA	R'S SIGNAT	YE Cra	dy	

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STATE OF MARYLAND



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	全部版制)	3 SEX	(4 RACE	5. DATE OF BIRTH	YEAR I.A	GE (IN YEARS IF UN			DATE	MONTH	DÂY	YEAR	24 HOUR
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			Benja	min	Joseph	** * * * .	zman	Adda Gu	nckel					
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	E CER DUID L DIRI H, WIT		ACTUAL &	6	OR	50	A.	A.D. Des	1 45054	EVAMINED	DATE	NOL	128	1979
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14	O _{BP}		URIAL		11/30/7	9 Lav	n Crof	t Cemeter		wood.	Penn.		il.	
125	DHMH - 17 (VR A15 ME (5))		UNERAL DIREC		F.H. TI	δοο N τ	T A 2 2 0	C M 256. DATE	CO 3 1	179°	cofory)	neth	Looly	
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e 4 moy	3 SE	FEMALE		4 RACE WHITE		5. DATE O		6 AGE (IN YEARS LAST	BIRTHDAY) YRS.	IF UNDER 1 YE	and the second of the second
P. G.		RTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEC WIDOWEI	NEVER MARRIED D	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	MD.
s ofter d		AKOMA PARK	TH			IG HOME O	ROTHER INSTITUTION TIST HOSPITAL	120 USUAL OCCUP. (TYPE OF WORK FOR MOSE)		12b. KIND INDUSTR	OF BUSINESS OR
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makture ed within ond 2 sh	14. FA	THER'S NAME GEORGE		MIDDLE	L'ÔNG		15. MOTHER'S MAIDEN NAM	ΛE		111	WIN
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ING PHYSICIAN; The low requires that the death certificate be executed within 24 hours or otherding physician. When this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by any Memori Hygiene prior to buriol, cremation, or removal. Or shows any injury, or other traumotic event, the medical against the property of the medical against the medical against the property of		Conditions, if ony, gove rise to imm couse 101, statinunderlying couse	ediote g the	(b)_	R AS A CONSEQUE	((MERAAL EO	AMS	100 100 100		
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DHMH - 16 50M 1/76 (VR A 15 (4))	24. FI	NERAL DIRECTOR F		S J. CC	LLINSRESS	3.MD.	20901 NOV	REC'D. BY REGISTR.	AR 25h Pris	Say Not	Orany

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STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 26 DATE OF DEATH MONTH TYPE OR PRINTI Albert November 21 1979 Isadore Yeroshefsky MONTH DAYS 56 Male White 1923 Tune To BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON. D.C. Montgomery DIVORCED 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Bethesda The Clinical Center, BAKER DONUT SHOP USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSI 13e STREET ADDRESS PR. GEORGES Hyattsville Maryland 6003 Riggs Road 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME FANNY BECKER VEROSHEESKY CHARLES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 577-26-8948 Mr. Jerry Morris Same as above WW II YES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one coust Respiratory failure, secondary to extensive infiltration of the lungs by PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE metastatic tumor Metastatic melanoma with generalized Conditions, if ony, which gove rise to immediate involvement of the internal organs. couse to, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YEXX NOF YES X 710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED 211. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 720.1 certify that XI (this haspital) attended the deceased from 5 June sow the deceased always 21 November 39 ond that above, XI (we) (did) (XXXXX view the body after death. and that in (nx) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREI 22c. DATE SIGNED MEDICAL STAFF

23c. NAME OF CEMETERY OR CREMATORY

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Eric H. Westin

The Clinical Center, National Institutes of Health.

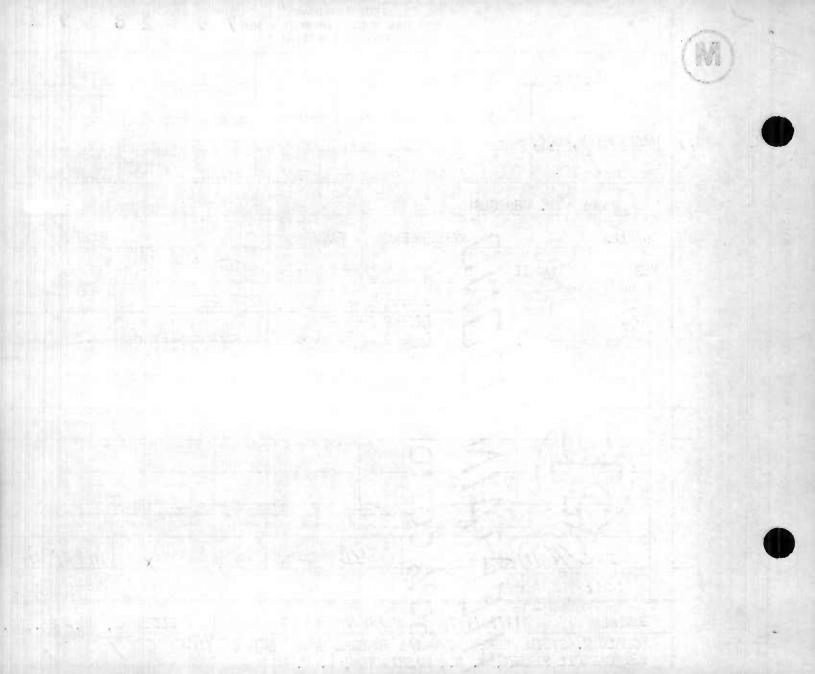
CHELTENHAM, BR. GEQ.

PHYSICIAN DIRECTOR PHYSICIAN

23a. BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL MARYLAND VETERAN'S CEMETERY 11/26/1979

24 FUDONALD M. STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W. WASHINGTON, D.

DHMH - 16 50M 1/76 (VR A 15 (4))



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